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ABSTRACT

Descriptive data were gathered from state departments of education and health, local school districts, speech and hearing clinics, and residential and day schools for the deaf and hard of hearing. Site visits were made to 10 school districts. Results demonstrated that more emphasis was being placed upon the identification of children with hearing loss than upon the education and continued reevaluation of these children. Site visits confirmed the impression that there was a lack of understanding of the special educational needs of hard of hearing children. State departments were generally unable to affect identification or educational programs. Schools for the deaf were frequently required, by default, to accept hard of hearing children, but only infrequently made special provisions for them. Clinics identified their chief function as providing identification and communication skills development services for preschool children. Recommendations were made involving educational, leadership, and research needs. (Author/JD)

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A STUDY OF CURRENT PRACTICES IN EDUCATION FOR HARD-OF-HEARING CHILDREN

Joint Committee on Audiology and Education of the Deaf, of the
American Speech and Hearing Association
and
Conference of Executives of American Schools for the Deaf

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Roberta Murray, Research Assistant

October, 1969

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

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Joint Committee on Audiology and Education of the Deaf

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Washington, D.C.

October, 1969

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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SUMMARY

The purpose of this project was to study current practices of identifying hard-of-hearing children, and to describe the services which are being provided to meet their particular educational needs. Descriptive data were gathered from state departments of education and health, local school districts, speech and hearing clinics, and residential and day schools for the deaf and hard-of-hearing.

Questionnaires for each of the four different sources studied were developed by the Joint Committee on Audiology and Education of the Deaf (JCAED), the project director, and the project assistant. The questionnaires were individually tailored to meet the differences among the four types of agencies surveyed. An attempt was made to compromise between a high degree of specificity and a practical length for each of the questionnaires.

For the purposes of this study, "hard-of-hearing" was defined as sensitivity in the better ear of between 25 and 79 dB (ASA-53) for speech. This definition was considered the most generally acceptable and understandable one available. The questionnaires were pretested and submitted to the Office of Education for approval prior to initiation of the survey.

In addition to the data collected by means of the questionnaires, site visits were conducted at ten of the school districts which had responded to the questionnaire. The purpose of these visits was to obtain information and impressions beyond those which were derived from the initial questionnaires. Also, the site visits allowed for a subjective test of the validity of the responses from these ten school districts.

The results of the study demonstrated that more emphasis is being placed upon the identification of children with hearing loss than is being placed upon the education and continued reevaluation of these students. The nation's school districts are aware of the importance of identifying hearing loss as an important component in the child's educational development. While the effectiveness of the school's identification programs might be questioned, virtually all of the schools surveyed conduct some kind of audiometric screening on an annual basis.

The site visits confirmed the impression received from the questionnaires that there was a lack of understanding of the special educational needs of children with subnormal hearing. This lack of understanding for the special educational problems of the hearing-impaired child is especially noticed in the small and medium-sized school systems.

State departments of health and education are generally unable to make an effective impact on either the identification of the child with hearing loss, or his educational program. The state departments are

characterized by insufficient personnel, a lack of funds, and, an absence of laws and regulations to guide their activities.

Residential and day schools for the deaf are frequently called upon to deal with children who are not deaf, but rather, hard-of-hearing. Often, schools for the deaf represent the only agency in the locale where personnel and facilities are available, and, as a result, receive the hard-of-hearing child by default. Too few of these schools, however, make special provisions for the hard-of-hearing child who is usually placed in the same program as the deaf child.

The major function of the speech and hearing clinics is in the identification of hearing-impaired children and the provision of communication skills development services for the preschool child. More than 300 clinics reported that they provide services to the preschool child.

One major recommendation emerged from this study concerning the overall level of understanding of educators and program administrators in relation to the special needs of the hard-of-hearing child. There is a need to inform persons in responsible positions about the special problems of the child who is neither deaf nor has normal hearing. This might best be done on the national level, but is also the responsibility of concerned professionals on the local level.

A second recommendation of this study has to do with the need to strengthen the leadership role of the state departments of health and education through additional personnel who are cognizant of the special needs of this segment of the handicapped population. Hopefully, the Office of Education could take a prominant role in alerting the states to the need for strong leadership at this level.

A third recommendation concerned the need for an evaluation of current techniques and equipment used with hard-of-hearing children. In addition, there is a need for the development of models of delivery systems as a way of stimulating better provision of services for hearing-impaired children. Research relating to the possible role of supportive personnel in the delivery of services to these children is also needed.

The results of this study suggest that there is a need for organizations and groups with a national scope to take leadership roles in promoting the concept of better educational services for the hard-of-hearing. The Joint Committee on Audiology and Education of the Deaf can, and should, take such a leadership position. If state departments of education and health can also begin to assume leadership in their own areas, improved services to hearing-handicapped children can result.

INTRODUCTION

The purposes of this project were to study current practices of identifying hard-of-hearing children, and to describe the services which are being provided to meet their particular educational needs. Descriptive data were gathered from state departments of education and health, local school districts, speech and hearing clinics, and residential and day schools for the deaf and hard-of-hearing.

This study was initiated out of the need to clarify the adequacy and prevalence of provisions being made for hard-of-hearing children throughout this country. In 1958, Mackie, et al[1] reported that the enrollment of hard-of-hearing children in supplementary educational programs was lower than the enrollment of deaf children in state schools for the deaf, and was "far lower than would be expected from available estimates." Less than 13% of the 4,982 public school systems which responded to Mackie's inquiry indicated having any special provisions for hard-of-hearing children. This is an especially significant fact since every school contacted was in a community of 2,500 or more. From Silverman's[2] estimate that one out of every 200 school children is hard-of-hearing and in need of particular educational provisions, one would expect that each of the 4,982 school systems should have had a minimum of four such children.

There is reason to believe that the situation which Mackie described in 1958 has not been altered much in the last decade. For example, a recent estimate by the State of Utah[3] indicates that there is an immediate need for at least 100 educators who are especially trained to handle the educational needs of the moderately to severely hard-of-hearing children in that state. At the time of that estimate, however, only three of 40 school districts in Utah had a specialist to deal with this population.

The Joint Committee on Audiology and Education of the Deaf (JCAED) conducted one national and nine regional conferences between audiologists and educators of the deaf during the period 1965-67. A recurrent theme heard throughout all ten conferences was that educational needs of many hard-of-hearing children were not being satisfied. It was suggested at those meetings that many hard-of-hearing children go unidentified (or are not identified early enough) because of inadequate provisions at the state level for identification, that supplementary educational programs are not provided for many of those who need them, and that often when such programs are provided the educational needs of the children go unsatisfied because provisions are not made for adequately trained specialists to handle this type of problem.[4]

The Joint Committee recognized the need to explore these impressions as an important step in improving the quality and quantity of services to hearing-handicapped children in the United States.

PROCEDURES

This project was an attempt to gather certain information about the services which are being provided to hearing-handicapped children by (1) state departments of health and education; (2) school districts; (3) residential and day schools for the deaf; and (4) speech and hearing clinics. The Committee felt that the most expeditious method of collecting this type of datum was through a questionnaire which could be sent to each agency, school system, and clinic. Descriptive information gathered by means of a mail-out questionnaire from sources such as these do not always result in complete and accurate data. There is a likelihood that certain questions will not be understood by all recipients in the same way, and not all respondents are willing to spend the time required to provide complete responses. Knowing this beforehand, however, the Committee felt that this project was of such significance that the closest possible approximation to a complete and accurate set of data should be sought at this time. The significance of these data lies, of course, in their implicit usefulness for promoting the educational welfare of hard-of-hearing children; for helping those federal, state, and local agencies which now hold the responsibility for such children; and for helping the Joint Committee pursue its basic objectives.

Questionnaire Development

In an effort to obtain the best possible data, the Joint Committee, the Project Director, and the Research Assistant collaborated to develop questionnaires which would be appropriate for each of the four different sources which were to be investigated. The questionnaires were individually tailored to meet the differences among the four types of agencies surveyed. An attempt was made to compromise between a high degree of specificity and a practical length for each of the questionnaires. A questionnaire consultant was employed to advise the Project Director and Research Assistant on techniques in the development of this type of questionnaire.

It was anticipated that any definition for "hard-of-hearing" used in a questionnaire study would present a problem for some of the respondents. The definition finally settled upon by the Joint Committee, that a hard-of-hearing child was one who had a hearing level for speech in the better ear of between 25 and 79 dB (ASA-53), represented the most generally acceptable and understandable definition believed to be commonly used by respondents.

Each of the questionnaires which were finally developed for the four types of agencies surveyed contained two parts: "Hearing Testing Services" and "Educational and Ancillary Services." The first portion of the questionnaire sought to determine the kinds of hearing tests provided for students, qualifications of personnel who performed and supervised these tests, follow-up procedures, frequency of testing, frequency of audiometer calibration, and the number of children with permanent hearing impairments who were identified during the past year.

The second portion of the questionnaire attempted to determine the kinds of educational programs provided for hard-of-hearing children, criteria employed to differentiate educationally hard-of-hearing from educationally deaf children, qualifications of personnel who provided education and ancillary services, and the relative success of the programs provided.

The questionnaire for state departments of education and health also contained a section that dealt with state laws and agency regulations governing hearing services.

Pretesting of Questionnaires

The questionnaires were pretested on a sample population from each of the four types of agencies investigated. Pretests were completed in early 1968 and the necessary revisions were incorporated into the final questionnaire which was submitted to the Office of Education for approval. Copies of the four questionnaires are included in Appendix A to this report.

Distribution and Response

Questionnaires were sent to all known speech and hearing clinics, every identifiable residential and day school for the deaf and/or hard-of-hearing, and all state departments of health and education. Since there are more than 10,000 school districts throughout the United States, a 10% random sample stratified by location and enrollment size, was used for this survey. School districts serving less than 600 students were eliminated. Self-addressed, stamped envelopes were provided for return of the questionnaires.

Table 1 shows the number of questionnaires sent out, the number of follow-up procedures employed, and percentage response from each of the four types of agencies surveyed.

As anticipated, not all respondents completely answered each question. Many of the respondents who did not provide any services or provided only limited hearing services wrote a narrative description of their particular situation rather than complete the questionnaire. When it was possible this descriptive information was coded and included in the presentation of data.

Analysis

Data reported here are those which seemed most relevant to the basic questions which this study asked. All questionnaire information

TABLE 1. Sample size, number of follow-up procedures, and percentage response for each type of agency surveyed.

Agency Surveyed	N	No. of Follow-up Procedures	% Return
State Departments	121	3	76
School Districts	1,047	4	77
Facilities for the Deaf and Hard-of-Hearing	109	3	81
Speech and Hearing Clinics	991	2	67

has been coded and punched into IBM cards and will be stored in the National Office of the American Speech and Hearing Association. Persons wishing to examine other aspects of the data can receive copies of the cards at a nominal cost by writing to the Association.

Site Visits

In addition to the data collected by means of the questionnaires described above, ten site visits were conducted at school districts which had responded to the questionnaire. The purpose of these visits was to obtain information and impressions beyond those which were derived from the initial questionnaires. Also, the site visits allowed for a subjective test of the validity of the responses for these ten school districts.

RESULTS

The results of the survey from each of the four kinds of agencies examined -- state departments of education and health, local school districts, speech and hearing clinics, and schools for the deaf and hard-of-hearing -- will be presented separately for the purposes of this report.

SURVEY OF STATE DEPARTMENTS

Questionnaires were sent to 121 state departments. All state departments of education and state departments of health were asked to participate. A few other departments, i.e., public welfare, crippled children's commission, etc., were selected to participate on the assumption that they, too, may have some responsibility for hearing-impaired children.

The questionnaire for state departments was designed so that the respondent for each agency needed to complete only those sections where questions pertained to the specific function of the agency. For example, if the agency did not have the primary administrative responsibility for the provision of educational services for children identified as hard-of-hearing, then the respondent was not expected to complete that section of the questionnaire dealing with "Educational and Ancillary Services." Thus, although both the state department of health and the state department of education were questioned in each state, the responses that were obtained have been combined for each state and are presented as though only one response had been received from each of the participating states.

Ninety-four responses (77%) were received. Copies of state laws and/or agency regulations that pertain to services for hearing-impaired children were made available by 30 states.

Legislative Provisions

Information was provided by 43 states about the hearing services that are required by state laws. Specifically, the question asked "Is there a state law that requires hearing services (hearing testing, special education, etc.) for children?" The responses for these 43 states are shown in Table 2. About 40% of the states have no laws which require hearing testing or special educational services, and only nine out of 43 of the states responding indicate that there are laws which require both identification and special educational provisions.

A somewhat related question asked "Do your state laws or agency regulations provide for a special education advisory committee, or other advisory committee, for hearing impaired children?" Of the 33 states responding to this question, three indicated that there was a state law

TABLE 2. Hearing services required by state law for 43 states.

Services Provided by Law	No. of States
Hearing Testing and Special Educational Services	9
Hearing Testing Services Only	1
Special Educational Services Only	7
Other (provision of services for special groups, etc.)	9
No State Laws	17

making this kind of provision, and seven states indicated that there was an agency regulation which allowed for this kind of advisory committee.

Some respondents provided copies of their state laws and/or agency regulations in lieu of answering specific questions on the questionnaire. In some instances, this information could not be transferred readily to the questionnaire. In spite of this shortcoming, the responses to certain questions are worth noting. In one question, the respondents were asked: "If your state law or agency regulations specify the **NUMBER OF COURSE HOURS** required **IN THE AREA OF HEARING** (auditory training, speech reading, language development for the hard-of-hearing, etc.) of speech and hearing clinicians who work with hearing-impaired children, please indicate the minimum number of hours required." The response ranged from six to 45 quarter hours. At least eight state laws or agency regulations required 15 quarter hours, or fewer.

A related question was concerned with the qualifications, i.e., number of training hours required, of persons who perform audiometric screening. One respondent indicated that volunteers are often used for initial screening and that they are trained by an audiometrist in one hour prior to the screening of children. Another state respondent indicated that volunteers are trained for screening by a hearing consultant in a two to four hour training session. Still another state indicated that audiometric screening is performed by state personnel or speech and hearing specialists. These examples demonstrate the widespread differences between states concerning the qualifications required of persons who perform hearing testing services.

Personnel

Of the 75 departments in 44 states responding to the questionnaire, 58 (78%) employ at least one audiologist or at least one speech pathologist. Only 23 of these 58 departments employ one staff person who holds either state or national certification in hearing. Fourteen states employ a teacher of the deaf.

Hearing Testing Services

In 27 states, only hearing testing services are provided through the state department or agency. Of these 27 states that provide hearing testing services, only 15 states provide information concerning the incidence of hearing loss in the population that they serve. The percentage of failure of the screen tests ranged from 2.5% in the lowest to 24% in the highest state. Five states reported 10% or more failure of the initial screening test given to children in their states.

Those departments and agencies which provide hearing testing services to children within their states were asked how often their audiometers were calibrated with calibration test equipment. The median response indicated that calibration was done each year. However, in four states the audiometers were calibrated every two years, and in one state equipment was calibrated every three years.

One question dealt with the early identification of hearing loss in preschool children. The specific question asked "Please check ALL the age ranges for which your agency has the ADMINISTRATIVE responsibility for the provision of ANY hearing testing services (including services provided DIRECTLY by your agency)." Of those agencies which provided hearing testing services, 75% provided these services to children from 0-3 years of age. All agencies reporting indicated that they provide services for children over three years of age.

In response to the question "Is your agency able to provide for all the hearing testing services needed by children between 0 and 21 years in your state who are not being served by other state agencies, local school districts, etc.?", seventeen of the respondents indicated that their agencies were unable to provide for all such services. They responded that there was a lack of funds, a lack of personnel, and insufficient transportation standing in the way of their providing sufficient hearing testing services. One respondent stated: "Testing is done by Public Health nurses and supervised by the school service. Public Health nurses may have duties in addition to hearing screening -- it is remarkable that we do any hearing screening at all." Another department respondent commented that "there is only one person employed in our agency for all children... suspected of having communication handicaps."

The respondents were asked to indicate the "TOTAL budget for ALL hearing services (including services provided DIRECTLY by your agency, services purchased by your agency, programs ADMINISTERED by your agency, and reimbursements to school districts, etc., made through your agency) for the 1967-68 academic year (or 1967 fiscal year)." Only eight departments answered this question, indicating a total annual expenditure of 4.4 million dollars. Although the number of responses was too small to draw meaningful conclusions, the average expenditure for hearing services in these eight departments was $550,000.

Some of the agencies which answered the question concerning the total budget also provided a percentage breakdown of their budget. The trend of these raw data indicated that about 45% of the annual budget is spent for salaries; about 30% is expended for services (speech, hearing, medical, surgical, etc.); approximately 15% is used for equipment and materials; about 6% goes toward the purchase of hearing aids; and 4% is used for "other" purposes.

Education and Ancillary Services

In only twelve states do one or more departments directly provide educational and/or ancillary services to hard-of-hearing children. Because the numbers are so small, it is impossible to present the data in tabular form. It might have been possible, instead, to provide a descriptive account of each of the twelve states separately. However, this was not done either. Examination of the data indicated that state departments are similar to school districts, schools for the deaf, and speech and hearing clinics, with regard to procedures, personnel, and program needs. The reader is referred to the discussions of Education and Ancillary Services in other sections of this report.

Research Needs

The respondents from the state departments were asked to suggest research which they felt was needed in the areas of hearing testing services and/or educational services for hard-of-hearing children. The most frequent kind of response to this open-ended question concerned the delivery of services. The specific recommendations had to do with both the delivery of testing services and the delivery of educational services, but emphasized the need for an assessment of the various techniques which are presently available, as well as the need for new models of delivery systems.

Other suggestions for possible research included the need for more information on the psycho-social aspects of hearing loss, hearing aid evaluation procedures for children under five years of age, and the use of supportive personnel in the delivery of services.

Discussion

Of the 45 states that provided information about their state laws and their agency regulations, only 26 indicated that some hearing services for hearing-impaired children were required by state law. Twenty-four respondents reported that there were no speech and/or hearing personnel employed in their respective agencies. Many of the departments that do employ speech pathologists, audiologists and/or educators of the deaf do not have sufficient funds or personnel to provide all of the services which they recognize as being needed.

It appeared from the results of the questionnaire that in certain areas there are neither specialists to deal with the problems of the hearing-impaired child, nor guidelines at the state level available to assist local schools and health departments. State leadership appeared to be inadequate and was recognized as such by many of the respondents who informally commented in the margins of the questionnaires. It also seems that in many states leadership for dealing with the problems of the hearing handicapped is being relegated to personnel with limited training in audiology, speech pathology, or education of the deaf. This significant conclusion should be important to program planners at the national level as they evaluate the states' ability to meet the needs of this segment of the handicapped population.

SURVEY OF SCHOOL DISTRICTS

More than 9,000 school districts in the United States have a student population of 600 or more. Due to the enormous task that would be involved in contacting each of these, a sample of 1,047 districts was selected. Table 3 shows the number of school districts chosen, according to the student-population range. Also shown in Table 3 are the percentages of returns within each category. Of the 1,047 districts sampled, 812 (77%) responded. Seven school districts wrote back indicating their refusal to participate; four of these were in the 12,000-24,999 student-population range, and three were in the 1,200-2,999 range.

The questionnaire to the school districts was composed of two parts -- Hearing Testing Services, and, Educational and Ancillary Services. The respondents were instructed to fill out only the first portion if their district provided hearing-testing services and not educational and ancillary services for the hard-of-hearing. If the school district did not provide these educational and ancillary services, or if there were no students with permanent hearing impairment enrolled in their school district, the second part of the questionnaire was left blank.

Hearing Testing Services

Of the 812 school district responses to the questionnaire, 20 provided descriptive information of their services program that did not lend itself to inclusion in the tabular data. Of these 20, seven

TABLE 3. Usable responses (and percentages) of the School Districts surveyed broken down by student population range. Three follow-up procedures were used following mailing of the original questionnaire.

Student Population Ranges	Sample Size	Usable Responses	Percent
25,000 and over	182	155	85
12,000-24,999	169	150	89
6,000-11,999	169	138	82
3,000-5,999	176	126	72
1,200-2,999	183	127	69
600-1,199	168	116	69

indicated that they provided no hearing testing services, five indicated limited testing and referral, and eight schools reported that services to their students were provided through other facilities in the communities.

Table 4 shows the number of school districts that provide five kinds of hearing testing services or that secure such services through other agencies (state departments, speech and hearing centers, other districts, etc.). The descriptive information provided by the 20 respondents mentioned above is not included in Table 4. Therefore, the percentages shown in that Table are based upon an N of 792. It can be seen from the first line in Table 4 that the majority of the respondents (97%) provide audiometric screening. Fifty-seven percent of the respondents provide threshold tests, and 62% conduct special diagnostic hearing tests. Most of the 47% of those schools which provide hearing aid evaluations make this provision through other agencies rather than providing them directly by the school district. Of special importance is the finding that only 78% of the school districts provide for periodic testing of their known hearing impaired students.

In response to a question concerning hearing testing services for preschool children, 199 respondents indicated that they provide for

TABLE 4. Numbers and percentage of school districts that directly provide, or provide through other agencies, five kinds of hearing testing services. Percentages are based on a total of 792 school districts reporting.

Testing Services	Methods of Provision		
	Directly By District (A)	Through Other Agencies (B)	Both A and B*
Auditory Screening	575 (72%)	167 (22%)	23 (3%)
Air and Bone Thresholds	238 (30%)	202 (25%)	14 (2%)
Special Diagnostic Hearing Tests	164 (21%)	310 (39%)	17 (2%)
Hearing Aid Evaluations	24 (3%)	343 (43%)	7 (1%)
Periodic Testing of Known Hearing Impaired Students	389 (50%)	200 (25%)	23 (3%)

audiometric screening of these children. However, only 12% of the respondents provide for periodic testing of known hearing impaired preschool children.

Although virtually all respondents provide audiometric screening, not all students are tested every year. Table 5 shows the periodicity of audiometric screening. From Table 5, it can be seen that more than half of the school districts provide screening for at least four grades every year.

Fifteen percent of the school districts do not provide audiometric screening for students in programs for the mentally retarded, emotionally disturbed, brain damaged, etc. The fact that audiometric screening may not be provided for some students in special programs should not be interpreted as an indication that these students were not given an audiologic evaluation before they were placed in special programs. However, the need for an audiologic evaluation before placement in a special class, and continuing reassessment thereafter, should be stressed.

Table 6 shows the responses to the question: "About how often is the calibration of your audiometers checked with calibration testing equipment?" Approximately half of the respondents have their equipment checked on an annual basis. Twenty-two percent of the respondents have their audiometers calibrated every two years or more. Re-calibration to ISO Standards was reported by 78% of the respondents.

TABLE 5. Periodicity of audiometric screening as reported by 785 school districts.

Periodicity of Audiometric Screening	No. of Districts
All Grades Every Year	107
All Grades Every Two Years or Alternate Grades Every Year	116
All Grades Every Three Years	19
At Least 5 Elementary Grades (1-6) Every Year, 1 Secondary Grade Every Year	25
At Least 5 Elementary Grades (1-6) Every Year	16
Any 6 Grades Every Year	30
Any 5 Grades Every Year	48
Grades 1, 4, 7, 10 Every Year	117
Any Three Grades Every Year	90
Any Two Grades Every Year	56
One Grade Every Year	50
Other	91
No Response	20

TABLE 6. Frequency of audiometer calibration as reported by 785 school districts.

Frequency of Calibration	No. of Districts
Every Month	3
Every Three Months	13
Every Six Months	30
Every Year	406
Every Two Years	146
Every Three Years	31
As Needed	20
Other	84
No Response	52

Personnel Providing Testing Services

The staff members who usually perform hearing testing services that are provided directly by the local school districts are shown in Table 7. For this question, the respondents were asked to indicate all the types of staff persons who perform such services. It would appear from Table 7 that nurses, teachers, volunteers, etc., plan an important part in the hearing testing program beyond just audiometric screening. There is, of course, the possibility that some of the respondents did not attach the same meaning to the phrase, "special diagnostic tests" as would an audiologist. Therefore, the question of whether or not persons other than audiologists and/or speech pathologists perform special tests of this sort needs further investigation.

The fact that hearing testing may be the responsibility of persons other than speech and hearing personnel is of even greater importance when seen in light of the fact that only 14% of the respondents have supervisors of their hearing testing program who hold national or state certification in audiology.

TABLE 7. Number of school districts that employ the indicated types of staff persons to perform five kinds of hearing testing services which are directly provided by the school districts.

Types of Staff Persons	Hearing Testing Services				
	Audiometric Screening	Air and Bone Threshold	Special Diagnostic Tests (speech audiometry, etc.)	Hearing Aid Evaluations	Periodic Testing of KNOWN Hearing Impaired
Speech or hearing personnel	258	159	130	17	185
Nurses	440	93	14	4	196
Teachers	62	22	18	4	37
Volunteers	73	2	2	0	1
Other	33	10	7	1	8

Education and Ancillary

Approximately 700 respondents provided some information concerning provisions of educational services for students with permanent hearing impairments. Table 8 shows the ways in which these services are provided. Eleven percent of the respondents do not have any hearing impaired students in their districts for whom they are responsible for the provision of educational services. From the marginal comments of a few respondents, it would seem that some persons interpreted "responsible for the provision of educational services" to mean their being able to provide students with the kinds of programs needed.

For example, one respondent from a school district with over 25,000 students stated that there were no hearing impaired students in his district, and added that "there are students with hearing impairment in regular classrooms, however the school system takes no formal steps to provide a special educational program for them." Another respondent from the same population range said "students wearing hearing aids have been participating in regular classrooms." Using Silverman's estimate that one of every two hundred school children is a hard-of-hearing child

TABLE 8. The number of school districts which provide educational services for their hearing-impaired students through the indicated types of facilities, based upon the responses of 715 school districts reporting.

Types of Facilities	No. of Districts
Local School District Only*	234
Other School Districts	59
Schools for the Deaf Only	49
Local and Other School Districts	54
Local School Districts and Schools for the Deaf	129
Local School District, Other School Districts, and Schools for the Deaf	39
Other School Districts and Schools for the Deaf	24
Other Combinations	45
Do Not Have ANY Students with Permanent Hearing Impairments for Whom Districts are Responsible for the Provision of Educational Services	82
TOTAL	715

*Services provided by county therapists, students not placed, etc., are included, in the "Local School District" categories.

with particular educational needs, there should be about 470 hard-of-hearing students in these two school districts alone.

Of those school districts that reported educational services for the hard-of-hearing children as coming only through schools for the deaf, 11 have student enrollments of over 25,000, 10 have student enrollments of between 12-25,000, and 10 have between 6-12,000 students. These kinds of responses suggest that individuals answering the questionnaire may not differentiate between permanent hearing impairment and deafness. This idea was also suggested in the comment of a guidance director for a school district that served 13,000 students who stated: "Students with permanent hearing impairment attend the state school for the deaf.... We have no [hearing impaired] students in our public schools."

The kinds of educational services that 416 school districts reported as being able to provide for their hearing-impaired students are shown in Table 9. In most schools, students with permanent hearing impairment attended regular classes. Some of these students receive supplementary help from an itinerant teacher or clinician, and a portion of them spend a part of the day with a teacher of the deaf. Sixty-eight school districts make no special provisions. Of these, 25 are school districts that serve 12,000 or more students.

TABLE 9. Number of school districts that provide 10 kinds of educational services for the hearing-impaired students who are enrolled in their districts.

Kinds of Educational Services	No. of Districts
Self-contained Day Classes for the Deaf* Only	62
Self-contained Day Classes for the Deaf and Hard of Hearing	93
Self-contained Day Classes for the Hard of Hearing** Only	44
Regular Classes: Hearing Impaired Spend Part of the Day with Teacher of the Deaf	72
Regular Classes: Hearing Impaired Receive Communication Skills Development from Itinerant Tutor or Clinician	228
Regular Classes: Supplementary Help Not Needed (e.g., high school students who no longer need special help except hearing aids)	116
Regular Classes: Supplementary Help Not Available or No Special Programs	68
Individual Tutoring: Students Taken To School Facility (e.g., preschool)	16
Home Program: Tutor Goes to the Home (e.g., preschool)	13
Other	11

*Defined as hearing levels for speech for the better ear of 80 dB ASA or worse.

**Defined as hearing levels for speech for the better ear between 25-79 dB ASA.

Almost 200 schools reported that they are not able to provide all of the special educational services that are needed by the hearing impaired students in their districts. Some of these 200 respondents indicated that there are insufficient numbers of hearing impaired-students in their school districts to warrant special programs, others indicated that they have insufficient funds for their programs, and some stated that they were unable to find competent personnel for programs which they would like to develop.

A series of questions were asked which were designed to ascertain the respondent's evaluation of the programs which were currently in progress. One question asked: "Are the majority of the hard-of-hearing students... who are in regular classes... achieving at their potential as determined by psychological tests?" Two hundred ninety-four school representatives answered this question, as seen in Table 10. For 60 out of 164 schools reporting, the answer was no. Interestingly, however, was the finding that more than 120 of the respondents were not able to answer the question.

Personnel Providing Educational Services

The respondents were asked to indicate the types of staff persons who usually perform certain kinds of ancillary services, i.e., auditory training, language training, psychological counseling, speechreading, speech therapy, and vocational counseling, for their hard-of-hearing students. From Table 11, it can be seen that the ancillary services which might be broadly classified as "communication skills development" are usually provided by speech clinicians. The relative qualifications of a speech clinician providing these services to hard-of-hearing children, as compared with the qualifications of an educator of the deaf

TABLE 10. Responses to the question: "Are the majority of the hard-of-hearing students... who are in regular classes... achieving at their potential as determined by psychological tests?" Based upon the replies of 294 school districts.

Responses	No. of Districts
Yes	104
No	60
Information not available	116
Other	14

TABLE 11. Number of school districts that utilize the indicated types of staff persons to perform seven kinds of ancillary services.

Kinds of Ancillary Services	Types of Staff Persons				
	Audiologist	Speech Pathologist	Teacher of the Deaf	Psychologist or Social Worker	Other (Specify)
Auditory Training	11	118	79		9
Language Training	6	114	78		12
Psychological Counseling (child)	5	20	21	103	3
Psychological Counseling (parent)	6	25	18	101	5
Speechreading	7	127	71		12
Speech Therapy	5	197	29		10
Vocational Counseling	1	11	11		97

or audiologist providing these services, could be debated. The figures from Table 11 probably reflect the greater prevalence of speech clinicians in the school systems of this country.

Site Visits

Ten schools which had returned completed questionnaires were selected as sites for a one-day visit by the project director. At each location, the person who had filled out the questionnaire was interviewed, along with his superior, when possible. The schools ranged in size from a student population of 128,000 to 3,500. All visits were conducted in the spring of 1969.

Two lines of questioning were followed in each visit. The first had to do with identification procedures and practices; the second had to do with the educational provisions for hard-of-hearing children.

Concerning identification procedures, questions were asked such as: "Who conducts the audiometric screening for your school?" "What grades are screened annually?" "What are the qualifications of the personnel conducting the screening?" "What follow-up procedures are used for children who fail the screening test?" "Who conducts the follow-up?" and "What criteria are used to define failure of the screening test?" Many of these questions were asked on the questionnaire. The verbal responses were checked against the previously written responses, and when descrepancies appeared, more questions were asked in order to determine the reasons for the differences. In general, the verbal responses were consistent with those from the questionnaires.

An interesting finding having to do with follow-up procedures for children who had failed the screening test, emerged from the site visits that had not come from the questionnaires. In one system, students who failed the initial screening were given an audiometric threshold test by the school personnel. Failure of this test, by their own criteria, resulted in the child's being taken to the local speech and hearing clinic for a complete audiologic and otologic evaluation. This was done for all children, without prior consent of the parents of the child. The director of the progrom stated that the philosophy of their school was that the hearing-impaired child needed this kind of treatment. To rely on the parents to provide the child with necessary examinations too often resulted in the child's not being seen by the appropriate specialists. This procedure was not employed in any of the other systems visited.

The procedure used by the school mentioned in the paragraph above stands in bold contrast to another school where the child who failed the screening test was given a note to take home to the parents. The note stated that the child did not pass the audiometric screening test and it was the nurse's recommendation that the child be seen by the "family physician." There was no follow-up by the nurse to see if the child ever received any special care.

In one school, housewives were hired for several weeks each year for the purpose of conducting audiometric screening. The same women had worked for the school in this way for several years. The director of the program spoke confidently of their ability to perform screening tests, although he indicated that they might have a tendency to over-refer. The children who failed the screening by these women were given a complete audiometric threshold test by qualified audiologists.

In general, the personnel of the schools visited seemed aware of the need to identify hearing loss in the children they serve.

The line of questioning having to do with educational provisions for hearing-impaired children demonstrated considerably less awareness on the part of the respondents. The kinds of questions asked included: "What facilities do you feel are lacking in the provision of special services to your hearing-impaired children?" "What services are you now providing for these children?" "What are the qualifications of the personnel providing these services?" "What criteria are used for inclusion of a given child into the special classes for the hard-of-hearing?" and "What changes do you invision for the future of this program?"

Several of the larger systems had exciting, innovative programs for their hard-of-hearing children. They possessed the facilities and staff to meet the special educational needs of these children, and the administrators of the programs were aware of changes that could make their programs even better. The members of the systems where the student population was not too large (under 14,000) were generally not aware of the educational needs of these children. Too often, the responses from the person being interviewed in these medium-to-small systems moved toward a discussion of the problems of deaf children. This, too, was evident from the questionnaire responses.

Rural areas have a specific problem which is not as important in the urban school system -- transportation. When the hearing-impaired children are distributed over several counties and there is one program for the whole area, the hard-of-hearing child is likely to get shortchanged. At least two of the persons interviewed recognized this problem but had not been able to resolve it at the local level.

A major conclusion which resulted from the site visits was that there is a need for an intense educational campaign, on behalf of the hard-of-hearing child, to inform school administrators and directors of pupil personnel services of their special educational needs. This idea was expressed by the director of a medium-sized school program in the Midwest who stated: "I request, threaten, cajole and beg the administration for more money for the hard-of-hearing kids. It does no good. I wish someone would carry the torch for them like several organizations have for the deaf."

Research Needs

An open-ended question asked the respondents to cite areas for needed research in the handling of hearing-impaired children. Approximately 75 school representatives took time to elaborate on this question. The greatest number of responses were concerned with the need for evaluating presently used educational techniques (software). Several suggestions had to do with an evaluation of equipment (hardware), and a number of recommendations concerned the need for models of delivery systems in the schools.

Discussion

It appeared obvious from the results of this study that more emphasis is being placed upon the identification of children with hearing impairments than is being placed upon the education and continued reevaluation of these students.

The nation's school district administrations seem aware of the importance of identifying hearing loss as an important component in the child's educational development. Virtually all districts surveyed are attempting to identify children with substandard hearing. The effectiveness of this identification program might be questioned on several accounts. First of all, although all schools seem to conduct screening, only about half of these districts provide for any other kind of hearing testing services. Secondly, in three-fourths of the schools, audiometer calibration was checked only once a year, or less frequently. Recent reports in the literature have demonstrated that accuracy of portable audiometers is much more variable than may have been realized several years ago. Thirdly, the qualifications of the persons responsible for the provision of testing services might be problematical. There is no question that nurses, teachers, and volunteers can be instructed in various audiometric testing techniques. One must wonder, however, whether adequate supervision is being provided to assure valid and reliable results.

Some respondents had little or no understanding of the special educational needs of hard-of-hearing children. This was evident from their responses to specific questions, from notes written into the margins of their questionnaires, and from the site visits.

The most frequent type of special educational service which is provided to hard-of-hearing children enrolled in regular schools is communication skills development. This service is usually performed by clinicians who hold national or state certification in speech pathology. This finding emphasizes the importance of including course work and practicum in audiology, speechreading, and speech therapy for the hearing-impaired in the curriculum of training programs in speech pathology.

The site visits confirmed the impression derived from the questionnaires that there is a serious lack of understanding for the special educational needs of children who are neither deaf nor have normal hearing, but who fall in the area between these rather clearly defined ends of of the continuum. This lack of appreciation for the hearing-impaired child is especially seen in the small and medium sized school systems.

Two major items emerged as important from an open-ended question concerning research needs. First, there is a stated need for a careful evaluation of both software (teaching techniques) and hardware (equipment) being used with hard-of-hearing children. Second, there was a reiteration of the idea expressed by the state department respondents concerning the need for the development of models of delivery systems within school programs.

SURVEY OF FACILITIES FOR THE DEAF

One hundred thirteen facilities for the deaf and hard of hearing were included in this phase of the study. Public and private residential schools for the deaf, public and private day schools for the deaf, and private day classes for the deaf were included in this group. Seventy-eight usable responses (81%) were returned.

Student Population

The number of students enrolled in the 78 facilities which reported for the 1967-68 academic year was 15,263. Of these, 34% were reported as having hearing levels for speech in the mild-to-moderate range, 25-79 dB ASA. Table 12 shows the numbers of students attending schools for the deaf, divided according to extent of hearing impairment.

Because the degree of hearing impairment is not the only determinant of how a hearing-impaired child will function educationally, the respondents were asked to give the number of students they considered to be "educationally hard-of-hearing." Sixty-four respondents to this question reported a total of 2,795 students as being in this category -- 18% of the total student enrollment for the 78 facilities for the deaf reported in this study. Of these 64 respondents who reported having students whom they considered to be "educationally hard-of-hearing," only 28 reported that they provide special classes for these students. Several other respondents who did not provide separate classes for the hard-of-hearing students indicated, through notes in the margins of the questionnaires, that they try to make appropriate adjustments in their program for these children.

TABLE 12. Number of students with hearing levels between 25 and 79 dB ASA, as reported by 78 facilities for the deaf and hard of hearing.

Extent of Hearing Impairment	No. of Students
25-39 dB ASA	167
40-59	956
60-79	3,293
25-79*	731

*Four respondents were unable to provide information by the three-level breakdown of hearing impairment.

TABLE 13. Most frequent reasons for students with hearing levels for speech for the better ear between 25-79 dB being referred to facilities for the deaf. Referral reasons were ranked "1" (most frequent), "2" (second most frequent) and "3" (third most frequent) by the respondents.

Referral Reason	"1"	"2"	"3"
Academic Failure in Hard-of-Hearing Program in Local School District	8	4	4
Academic Failure in Regular Class in Local School District	31	10	6
Completed Program(s) in Local District	1	2	1
Family Circumstances		3	2
Lack of Communication Abilities	6	16	6
Location of Program	1	3	2
Multiple Handicaps	2	4	7
No Program for Hearing Impaired in Local School Districts	20	14	8
Retarded Social Development			7
Unable to Learn to Communicate Orally	3	1	7
Other	1	2	2

In an effort to determine why students who are educationally hard-of-hearing are referred to schools for the deaf, the respondents were asked to cite the three most frequent reasons for referral. Table 13 shows the results of that question. From that table it can be seen that the most frequent referral reasons are academic failure in regular classes, no programs for hearing-impaired students in their local school districts, and lack of communication skills.

A median of 7-8 students per class were reported by the 78 facilities. Table 14 shows these data. It should be noted that not all facilities have classes for preschool through secondary school students, and therefore, the columns do not total 78.

TABLE 14. Average class size by grade level as reported by 78 facilities for the deaf.

Class Size	Preschool	K-3	4-6	7-8	9-12
	Grade Levels				
11 or more		1	5	3	6
9 - 10	4	11	13	16	14
7 - 8	26	41	38	34	24
6 or less	28	19	10	6	4

Personnel

Table 15 presents the number and percentages of facilities for the deaf that employ at least one teacher of the deaf with CEASD certification, and at least one audiologist (or audiometrist) with state or national certification. Most schools for the deaf would employ more than one professional staff member; however, this question was an attempt to determine how many schools have no teachers whom the Conference of Executives recognize as having optimum training. From Table 15 it can be seen that more than 20% of the facilities which reported do not have a teacher with this certification. This may be a reflection of a generalized manpower shortage, or it may represent a trend for certified teachers to be attracted to and hired by facilities where there are other certified staff members.

The manpower shortages were emphasized in response to a question dealing with staff needs where 45% of the respondents reported they would give highest priority to employing more teachers of the deaf if money were no object.

It is encouraging to see, from Table 15, that almost one-half of the facilities for the deaf employ an audiologist or audiometrist. This was not a common employment environment for audiologists ten, or even five, years ago.[4]

Admission Requirements

One section of the questionnaire dealt with requirements for admission to each particular school for the deaf. Almost 40% of the respondents indicated that a minimum degree of hearing impairment is one of

TABLE 15. Number and percentage of the 78 facilities for the deaf that employ the indicated types of professional staff.

Types of Staff Persons	Do Employ	Do Not Employ	No Response
Supervisor of Educational Services	60 (77%)	15 (19%)	3 (4%)
Teacher of the Deaf (CEASD certified)	54 (69%)	17 (22%)	7 (9%)
Audiologist (including audiometrist with State certification)	36 (46%)	38 (49%)	4 (5%)

their admission requirements. A few of these respondents stated that the degree of hearing impairment need not be the same for all students. Forty-eight of the facilities (61%) do not require a minimum degree of hearing impairment for admission. One respondent did not answer this question. Table 16 shows the number and percentage of facilities for

TABLE 16. Number and percentage of facilities for the deaf that require the indicated evaluations before hard-of-hearing students are admitted to their schools.

Types of Evaluation	N	%
Academic	59	76
Audiologic	72	92
Communication Skills	41	52
Hearing Aid Fitting	39	50
Neurologic	13	17
Ophthalmologic	13	17
Otologic	53	68
Pediatric	52	67
Psychologic	58	74
Others	10	13

TABLE 17. Number and percentage of facilities for the deaf that utilize the indicated types of staff persons to determine the kinds of programs needed by hearing-impaired students.

Types of Staff Persons	N	%
Audiologists	51	65
Principals	73	93
Psychologists	48	61
Social Workers	13	17
Speech Clinicians	11	14
Teachers of the Deaf	67	86
Staff Persons from Another Facility	13	17

the deaf that routinely require certain evaluations before students are admitted to their schools. From Table 16 it can be seen that six respondents did not check audiologic evaluation. It is possible that these six persons interpreted audiologic evaluation to mean an accurate threshold measurement. Considering the importance of vision to the hard-of-hearing student, the rather small number of facilities for the deaf that require an ophthalmologic evaluation is somewhat surprising.

A related question dealt with the types of staff persons who usually determine the kinds of programs needed by hearing-impaired students. These data are shown in Table 17. Although it cannot be seen from Table 17, in 61 of the facilities for the deaf, three or more different staff persons have the combined responsibility for determination of the program needs of the child.

Discussion

Children with hearing losses in the mild-to-moderate range are referred to schools for the deaf primarily because they have met failure in the regular academic class work of their local school districts, because there are no programs for the hearing-impaired in the local school districts, and because of their lack of communication skills. When these facts are combined with the finding that only 28 of the 78 facilities for the deaf provide separate classes for hard-of-hearing students, it appears, once again that the child whose hearing falls in the area between normal-and-deaf is the neglected handicapped individual.

This sentiment was also brought out by the comments written in the margins of the questionnaires. A principal of a state residential school for the deaf stated, "...most of our students have hearing impairments greater than 80 dB. For the few whose impairments are less, it is difficult to plan a special program." Another respondent commented: "...In our schools for the deaf we are enrolling an increasing number of hard-of-hearing pupils. We are making of these students deaf children...." A superintendent of a state residential and day school for the deaf had this comment: "Approximately 1/3 of our student body should be in classes for the hard-of-hearing in public schools. Classes like these are just not available." From a private residential school for the deaf the principal stated, "An increasing number of hard-of-hearing children are applying for admission to our school after failing in the regular public school classes for children with normal hearing. It appears that insufficient help and counseling or coordination is being conducted between the local school administrators and needs of the hearing-impaired."

SURVEY OF SPEECH AND HEARING CENTERS

All known speech and hearing centers were sent questionnaires concerning their provision of services for hard-of-hearing children between the ages of 0-21 years. Six hundred twenty-two responses (67%) were returned, and of these, 415 clinics indicated that they do provide services for this population. The information from the 415 respondents, then, comprises the major portion of this section of the report.

Hearing Testing Services

Of the 415 clinics that replied, 406 (98%) indicated that their centers provide some hearing testing services. Three hundred eighteen (77%) provide at least one of the seven kinds of special diagnostic tests shown in Table 18. Speech audiometry is the most usual kind of special diagnostic hearing test that speech and hearing centers are able to provide.

A related question dealt with the types of staff persons who usually perform five kinds of hearing testing services. The responses to this question are shown in Table 19. From this Table it can be seen that even in speech and hearing centers persons other than audiologists also perform the more difficult kinds of hearing tests (i.e., special diagnostic tests and hearing aid evaluations). This may be representative of the growing trend in the profession toward the use of supportive personnel. The large number of students who perform these hearing

TABLE 18. Number and percentage of speech and hearing centers that provide seven kinds of special diagnostic hearing tests.

Special Diagnostic Hearing Tests	N	%
Speech Audiometry	316	78
Bekesy	200	49
SISI	264	65
Loudness Balance	273	67
PGSR	179	44
EEG	50	12
ENG	37	9

TABLE 19. The number of speech and hearing centers that employ the indicated types of staff persons to perform five kinds of hearing testing services. Each respondent could check as many types of staff persons as was appropriate for his clinic.

Types of Staff Persons	Hearing Testing Services				
	Screening	Air & Bone Thresholds	Special Diagnostic	Hearing Aid Eval.	Periodic Testing*
Audiologists (ASHA Cert.)	219	297	301	255	270
Audiometrists (State Cert.)	22	18	10	4	15
Speech Pathologists (ASHA Cert.)	245	150	46	17	101
Speech Clinicians (State Cert.)	76	38	10	4	20
Teachers of the Deaf (CEASD)	13	10	4	2	8
Teachers of the Deaf (State)	11	7	1	2	5
Nurses	6	3	2	1	3
Students	58	45	27	21	34
Other	26	20	9	8	15

*Periodic testing of known hearing impaired.

tests represent the fact that a portion of the clinics responding are located in college and university training programs where students receive practicum experience.

Only 244 respondents answered the question concerning the supervisor of hearing testing services. This, perhaps, was not an appropriate question for a survey of speech and hearing clinics since many employ persons who hold the Certificate of Clinical Competence in Audiology from the ASHA, and these persons do not require supervision. In spite of the shortcomings of the question itself, it is interesting that 34 of the respondents (14%) reported that the person who supervises hearing testing services does not hold state or national certification in audiology.

In response to the question about calibration of audiometers, the majority of the respondents indicated calibration at least yearly. Six percent of the clinics indicated that their audiometers were calibrated about every two years.

Education and Ancillary Services

The kinds of educational and ancillary programs for hard-of-hearing children that were provided by speech and hearing centers during the 1967-68 academic year or the 1967 fiscal year are shown in Table 20. As expected, communication skills development is the kind of program most likely to be provided in the speech and hearing centers.

The respondents were asked if their clinics provided educational and/or ancillary services for preschool children. A total of 279 clinics (67%) reported that they did provide these services for children below the age of six years. Only six clinics provide services of this nature for children in the 0-3 year age range. This is in contrast to the report from 300 clinics that they provide hearing testing services for children in the age range of 0-3 years.

TABLE 20. The number of speech and hearing centers that provide the indicated kinds of programs for hard-of-hearing children in the 1967-68 academic year or the 1967 fiscal year.

Kinds of Programs	N
Self-contained Day Classes for the Deaf and Hard-of-Hearing (1/2 day or more)	35
Self-contained Day Classes for the Hard-of-Hearing Only (1/2 day or more)	12
Regular Nursery School and Individual or Small Group Communication Skills Development Services	63
Individual or Small Group Communication Skills Development Services	291
Home Program: tutor or therapist going to the home	19
Others	11

TABLE 21. The number of speech and hearing centers that reported that audiologists, speech pathologists, or teachers of the deaf usually perform five services for hard-of-hearing children.

Services	Type of Staff Person		
	Audiologist	Speech Pathologist	Teacher of Deaf
Academic Tutoring	13	24	42
Auditory Training	111	136	58
Language Training	57	179	70
Speechreading	92	157	57
Speech Therapy	17	289	12

The type of staff person who usually performs certain educational and ancillary services for hard-of-hearing children is shown in Table 21. In this question the respondents were asked to check only one type of staff person for each kind of service performed. Some respondents checked more than one. When this occurred, the type of staff person judged to be most qualified to perform the service was coded for analysis. From Table 21 it can be seen that speech pathologists usually perform most of the services for the hard-of-hearing child. This is probably due to the greater number of speech clinicians available to perform services in clinics. However, it suggests again the importance for inclusion of auditory training, speechreading, and language training with hard-of-hearing cases in the academic and practicum course work of students in training as speech pathologists.

The respondents for speech and hearing centers were asked about the availability of other programs for hard-of-hearing children who complete the programs that they provide. This question was asked on the assumptions that speech and hearing centers are primarily responsible for the preschool child and that the responses to this question would give some indication of the continuity of training. Table 22 shows the number and percentage of clinics which reported that appropriate programs are, or are not available from other agencies for the hard-of-hearing children who complete their programs. Although the responses did not allow for elaboration of the "Yes, but only for some children" answers, one might speculate that the children for whom programs are not available are those whose hearing falls in the mild-to-moderate loss range.

TABLE 22. The number and percentage of speech and hearing clinics reporting on the availability of appropriate programs through other agencies in the community, following completion of the program of services offered through the clinic.

Availability of Programs	N	%
Yes, other programs are available	143	42
Yes, but only for some children	163	47
No other programs are available	34	10
Other	4	1

Discussion

The primary function of the speech and hearing clinics seems to be in the identification of hearing loss, and the provision of communication skills development services.

It is interesting that of the 662 responses from speech and hearing clinics, only 415 provide any services for hard-of-hearing children. In the clinics where hearing testing services are provided, persons other than audiologists are doing a rather considerable amount of the actual testing. This may be the result of an increasing number of clinics employing supportive personnel, or it may be that there just are not enough audiologists employed in speech and hearing clinics.

CONCLUSIONS AND RECOMMENDATIONS

A most significant finding of this study was that school systems generally do not provide for the special educational needs of hard-of-hearing children in their communities. This general statement needs to be qualified in order to indicate that some schools, usually those in larger communities, do provide for these children. Unfortunately, the average school system is often not aware of, nor have the funds for, necessary personnel and equipment for children of this type. This finding was borne out by the responses from the school personnel and was reinforced by the statements from the schools for the deaf, speech and hearing clinics, and state departments of education and health.

The schools for the deaf receive many children from the local school districts who are not "deaf," but who are experiencing failure in the regular classrooms of their districts. The schools for the deaf are forced to take these hard-of-hearing children into their deaf-education programs since they provide the only facilities for giving special help. Almost one-third of the children in the schools for the deaf are reported to be educationally hard-of-hearing. The respondents from the schools for the deaf reported that they are generally unable to provide the necessary special services for hard-of-hearing children, and instead, place the children in classes with deaf children. Some respondents suggested that this procedure has the effect of forcing these hard-of-hearing children into a mold which will shape the child for the remainder of his life--shape him into a functionally deaf individual.

There is a movement at the present time for speech and hearing clinics to begin training programs for severely hard-of-hearing children at an early age. The Office of Education now funds, and has funded, several "parent-home" projects throughout the country in an effort to attack the communication problems of these children at a very early age. The programs are proving successful. The head of one of these programs reported that some of the children who would have previously grown up "deaf," are now approaching their fourth, fifth, and sixth years of life functioning as hard-of-hearing children. This taste of success, however, becomes bitter for the project director who stated that "these children don't have the needed special programs available to them in their local schools. They'll go backward in their progress and end up being functionally deaf again if they don't get help."

An informational gap regarding the special needs of hard-of-hearing children became apparent from much of the discussion between school administrators and program directors. Too frequently the hard-of-hearing child's needs were lumped into the same category as those of the deaf child. This, of course, is a problem for the state schools, not the local school districts.

Several recommendations arise from the findings of this study:

(1) There appears to be a necessity for greater leadership from the state departments of education and the state departments of health concerning hard-of-hearing children. There are not only too few persons employed by state departments who understand the problems of this segment of the handicapped population, but there is also a generalized lack of leadership from the professional community to effect changes at the state level. The resulting recommendation would be for funds to be made available to provide much needed personnel at the state level who would specialize in the educational needs of the hearing-handicapped child.

(2) A general educational campaign on behalf of the hard-of-hearing is an important recommendation of this study. The comments of several respondents, as well as the impressions gathered from the site visits, suggest that the special needs of the hard-of-hearing child are neither understood nor differentiated from the needs of the deaf child. There is general understanding that identification of hearing handicaps is important in evaluating the child's educational progress. The problems involved with the child who has already been identified as hard-of-hearing are numerous and as varied as the personnel that staff the programs within the schools.

(3) Certain specific research needs appeared frequently enough to warrant mention and recommendation:

(a) State department personnel indicated that there is a need for models of delivery systems for the provision of testing and educational services for hearing-impaired children. The special geographical complications which isolate hard-of-hearing children from major population centers is a primary obstacle in the state's attempt at developing a satisfactory delivery system.

(b) The school personnel recognized the need to assess the techniques and methods currently being used in those programs which have classes for the hard-of-hearing. Not only is there a need to evaluate the instructional techniques (soft-ware), but there also appears to be a lack of hard data concerning the equipment which is being used.

(c) Several respondents recommended that the need for direction in the use of supportive personnel in the delivery services to hearing-handicapped children in schools be filled. This cogent recommendation comes at a time when the Federal government and the profession are looking at the possible use of supportive personnel as a means of relieving the significant manpower shortage in this and other allied health and education professions.

The Joint Committee on Audiology and Education of the Deaf suggests that it is in a favorable position to assume a leadership role in advising the public of the special educational needs of hard-of-hearing children. The Committee will need the continued support of the Office of Education and other Federal agencies concerned with this segment of the handicapped population. The Joint Committee is committed to the philosophy of mutual cooperation and understanding between the professions of audiology and education of the deaf as being the most expeditious method of evolving a viable national program for the hard-of-hearing children of this country.

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[4] I. M. Ventry, editor, Audiology and Education of the Deaf (Washington, D.C.: American Speech and Hearing Association, 1965).

APPENDIX

Questionnaires Used in Studies of

- State Departments of Health and Education
- Local School Districts
- State Schools for the Deaf
- Speech and Hearing Clinics

State Departments of Health and Education

Questionnaire

A STUDY OF CURRENT PRACTICES
IN EDUCATION
FOR HARD-OF-HEARING CHILDREN

SECTION I:	DESCRIPTION OF AGENCY
SECTION II:	HEARING TESTING SERVICES
SECTION III:	EDUCATIONAL AND ANCILLARY SERVICES
SECTION IV:	LAWS AND REGULATIONS GOVERNING HEARING SERVICES

Note: You need to complete ONLY those sections and/or questions that pertain to the hearing services that are provided directly by or are administered by your agency.

Address Label

CARD 1.

COL. 1-4 Name of respondent ____________________

COL. 5 Position Title of respondent ____________________

SECTION I

DESCRIPTION OF AGENCY

1. Please indicate the number of staff persons EMPLOYED by your agency to provide hearing testing, special educational and/or communication skills development (auditory training, speechreading, language development, etc.) services for children with hearing levels for speech between 25 and 79 dB--ASA Standard. Include the consultant(s) for your State if he (they) is (are) employed by your agency.

	TYPES OF STAFF PERSONS	NUMBER OF EACH TYPE OF STAFF PERSON
COL. 6-7	Audiologists (with ASHA Clinical Competence certification)	________
COL. 8-9	Audiologists (with ASHA Basic certification)	________
COL. 10-11	Audiometrists (with State certification)	________
COL. 12-13	Hearing clinicians (with ASHA Basic certification)	________
COL. 14-15	Hearing clinicians (with State certification)	________
COL. 16-17	Speech pathologists (with ASHA Clinical Competence certification)	________
COL. 18-19	Speech clinicians (with ASHA Basic certification)	________
COL. 20-21	Speech clinicians (with State certification)	________
COL. 22-23	Teachers of the deaf (with CEASD certification)	________
COL. 24-25	Teachers of the deaf (with State certification)	________
COL. 25-27	Others (PLEASE SPECIFY: ____________________ ____________________)	________
	Total	________

2. **If your agency employs a full-time consultant for the hearing testing services in your STATE, please give 1) the type of staff person (audiologist, audiometrist, etc.) employed as consultant, and 2) the type of certification held by the consultant.**

COL. 31 ☐ Please check here if your agency does not employ a consultant.

COL. 32 __________Type of staff person employed as consultant

COL. 33-34 __________Type of certification held by consultant

3. If your agency employs a full-time consultant for the special educational and communication skills development services for hard-o hearing children (i.e., children between 0 and 21 years with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard) in your STATE, please give 1) the type of staff person employed as the consultant, and 2) the type of certification held by the consultant.

COL. 35 ☐ Please check here if your agency does not employ a consultant.

COL. 36 __________Type of staff person employed as consultant

COL. 37-38 __________Type of certification held by consultant

COL. 39 4. Does your agency maintain a central registry of hearing impaired children in your state?

1 ☐ YES

2 ☐ NO

5. As of spring 1968, approximately how many children (0 - 21 years) were there in your STATE with hearing levels for speech between 25 and 79 dB (ASA Standard)?

COL. 40-45 __________Number of children in STATE with hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard)

5a. If the information requested in ITEM 5 is not available, as of spring 1968, approximately how many hearing impaired children were there in your STATE?

COL. 46 ☐ Please check here if this information (5a) is not available.

COL. 47-52 __________Number of hearing impaired children

6. What is your TOTAL budget for ALL hearing services (including services provided DIRECTLY by your agency, services purchased by your agency, programs ADMINISTERED by your agency, and reimbursements to school districts, etc., made through your agency) for the 1967-68 academic year (or 1967 fiscal year)?

COL. 53 ☐ Please check here if you are reporting for 1967 fiscal year.

COL. 54-59 $________Total budget for hearing services

6a. Of your total budget for hearing services, what percent is allocated for EACH of the following kinds of services? Please indicate the percent for EACH kind of service.

COL. 60-61 Salaries ________%

Services purchased
COL. 62-63 a) Speech and hearing ________%
COL. 64-65 b) Medical, surgical, hospitalization, etc. ________%

COL. 66-67 Hearing aids ________%

COL. 68-69 Equipment and materials ________%

COL. 70-71 Other (PLEASE SPECIFY: ____________________) ________%

100%

Note: Please be sure that the five or six percentages given total 100%.

SECTION II

HEARING TESTING SERVICES

7. Please indicate how EACH kind of hearing testing service, for which your agency is responsible, is PROVIDED FOR by your agency Check the ONE method of provision used most often for EACH kind of service.

	HEARING TESTING SERVICES	METHODS OF PROVISION		
		Provided Directly By Agency	Purchased From Other Agencies (Clinics, other state depts., etc.)	Not Provided
COL. 72	a. Audiometric Screening	1 ☐	2 ☐	3 ☐
COL. 73	b. Air and Bone Threshold	1 ☐	2 ☐	3 ☐
COL. 74	c. Special Diagnostic Tests (speech audiometry, etc.)	1 ☐	2 ☐	3 ☐
COL. 75	d. Hearing Aid Evaluations	1 ☐	2 ☐	3 ☐
COL. 76	e. Periodic Testing of Known Hearing Impaired Children	1 ☐	2 ☐	3 ☐

CARD 2.

8. Please check ALL the age ranges for which your agency has the ADMINISTRATIVE responsibility for the provision of ANY hearing testing services (including services provided DIRECTLY by your agency).

COL. 6 ☐ 0 - 2 years, 11 months

COL. 7 ☐ 3 - 5 years, 11 months

COL. 8 ☐ 6 - 12 years, 11 months

COL. 9 ☐ 13 - 20 years, 11 months

(If NO hearing testing services are provided DIRECTLY by your agency with its own personnel and facilities, please GO TO SECTION III; otherwise, GO ON TO ITEM 9.)

9. Please indicate the type of staff person who USUALLY performs EACH of the following kinds of hearing testing services that are provided DIRECTLY by your agency (Column 1 under Methods of Provision in ITEM 7).

	TYPES OF STAFF PERSONS	HEARING TESTING SERVICES				
		Audiometric Screening	Air and Bone Thresholds	Special Diagnostic Tests	Hearing Aid Evaluations	Periodic Testing*
L. 10-14	Audiologists (with ASHA Clinical Competence certification	☐	☐	☐	☐	☐
L. 15-19	Audiologists (with ASHA Basic certification)	☐	☐	☐	☐	☐
L. 20-24	Audiometrists (with State certification)	☐	☐	☐	☐	☐
L. 25-29	Hearing clinicians (with ASHA Basic certification)	☐	☐	☐	☐	☐
L. 30-34	Hearing clinicians (with State certification)	☐	☐	☐	☐	☐
L. 35-39	Speech pathologists (with ASHA Clinical Competence certification)	☐	☐	☐	☐	☐
L. 40-44	Speech pathologists (with ASHA Basic certification)	☐	☐	☐	☐	☐
L. 45-49	Speech clinicians (with State certification)	☐	☐	☐	☐	☐
L. 50-54	Nurses (with State certification as audiometrists	☐	☐	☐	☐	☐
L. 55-59	Nurses	☐	☐	☐	☐	☐
	Others (PLEASE SPECIFY:					
L. 60-64	________________	☐	☐	☐	☐	☐
L. 65-69	________________)	☐	☐	☐	☐	☐

*Periodic testing of KNOWN hearing impaired

10. If your agency employs a supervisor for the hearing testing services provided DIRECTLY by your agency, please give 1) the type of staff person who supervises such services, and 2) the type of certification held by your supervisor.

COL. 70 ☐ Please check here if your agency does not employ such a supervisor.

COL. 71 __________ Type of staff person who supervises hearing testing services

COL. 72-73 __________ Type of certification held by your supervisor

CARD 3.

11. Please list in order of frequency of referral, the THREE types of referral sources (local school districts, other state agencies, etc.) from which your agency most frequently receives referrals for hearing testing services.

COL. 6 ______________________________

COL. 7 ______________________________

COL. 8 ______________________________

12. If your agency provides hearing SCREENING services, do you provide such services for children in programs for the mentally retarded, emotionally disturbed, brain damaged, etc.?

COL. 9 ☐ Please check here if your agency does not provide hearing SCREENING services and GO TO ITEM 13.

COL. 10 1 ☐ YES
2 ☐ NO

13. If special diagnostic testing services are provided by your agency, please check ALL the tests your agency is able to provide.

COL. 11 ☐ Please check here if your agency does not provide such tests and GO TO ITEM 15.

COL. 12 ☐ Speech audiometry

COL. 13 ☐ Békésy

COL. 14 ☐ SISI

COL. 15 ☐ Loudness balance

COL. 16 ☐ PGSR

COL. 17 ☐ EEG

COL. 18 ☐ ENG

COL. 19 14. If your agency provides hearing aid evaluations, do you require that a child be given hearing aid orientation?

8 ☐ Please check here if your agency does not provide such evaluations and GO TO ITEM 15.

9 ☐ YES (PLEASE DESCRIBE your orientation procedures)

0 ☐ YES, in selected cases (PLEASE DESCRIBE your orientation procedures)

X ☐ NO

COL. 20 15. If periodic testing of the KNOWN hearing impaired is provided by your agency, please check below how often such tests are given.

1 ☐ Check here if such tests are not provided by your agency and GO TO ITEM 16.

2 ☐ Semi-annually

3 ☐ Annually

4 ☐ Other (SPECIFY:______________________________

____

____)

16. If your agency requires evaluations in addition to the audiologic evaluation for children (0 - 21 years) with hearing levels for speech between 25 and 79 dB (ASA Standard), please check ALL the additional evaluations you ROUTINELY require.

COL. 21 ☐ Check here if additional evaluations are not ROUTINELY required and GO TO ITEM 17.

COL. 22 ☐ Academic (school-age children)

COL. 23 ☐ Neurologic

COL. 24 ☐ Ophthalmologic

COL. 25 ☐ Otologic

COL. 26 ☐ Pediatric

COL. 27 ☐ Psychologic

COL. 28 ☐ Others (PLEASE SPECIFY:__________________________

____)

COL. 29 17. Does your agency use the terms hard-of-hearing and deaf?

COL. 30-31 ☐ 1 YES (If applicable, PLEASE SPECIFY the dB level for speech you use to differentiate between hard-of-hearing and deaf:________________dB--ASA Standard.)

☐ 2 NO (PLEASE GO TO ITEM 18)

17a. If your agency employs criteria in addition to the degree of hearing impairment to differentiate between hard-of-hearing and deaf, please number the following differentiating factors in order of importance (1 most important, 4 least important).

COL. 32 ☐ Academic achievement

COL. 33 ☐ Communication abilities

COL. 34 ☐ Degree of hearing impairment

COL. 35 ☐ Social development

COL. 36 ☐ Others (PLEASE SPECIFY:______________________________________

COL. 37 ☐ ____)

18. Approximately what percent of the children for whom your agency DIRECTLY provided hearing SCREENING services failed the screening testing this academic year (1967-68), or the 1967 fiscal year?

COL. 38 ☐ Please check here if you are reporting for the 1967 fiscal year.

COL. 39-40 __________Percent failed the SCREENING test

COL. 41 19. About how often is the calibration of your audiometers checked with calibration test equipment? Please check ONE of the following.

- 1 ☐ Every month
- 2 ☐ Every three months
- 3 ☐ Every six months
- 4 ☐ Every year
- 5 ☐ Every two years
- 6 ☐ Every three years
- 7 ☐ Other (SPECIFY:____)

COL. 42 19a. Have your audiometers been recalibrated for ISO?

- 1 ☐ All have been
- 2 ☐ Some have been
- 3 ☐ None have been

COL. 43 20. Is your agency able to provide for ALL the hearing testing services needed by children between 0 and 21 years in your state who are not being served by other state agencies, local school districts, etc.?

- 1 ☐ YES
- 2 ☐ NO (Why not?)

SECTION III

EDUCATIONAL AND ANCILLARY SERVICES

21. For how many hearing impaired children in each of the following age ranges does your agency have the ADMINISTRATIVE responsibility for the provision of educational and/or communication skills development services (including services provided DIRECTLY by your agency)?

COL. 44 ☐ Please check here if your agency has no such responsibility and GO TO SECTION IV.

COL. 45-48 __________0 - 2 years, 11 months

COL. 49-52 __________3 - 5 years, 11 months

COL. 53-56 __________6 - 12 years, 11 months

COL. 57-60 __________13 - 20 years, 11 months

21a. Approximately how many of the TOTAL number of hearing impaired children (ITEM 22) for whom your agency has the ADMINISTRATIVE responsibility for the provision of educational and/or communication skills development services have hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard)?

COL. 61-66 __________Number of children with hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard)

(If your agency does not provide DIRECTLY with its own personnel and facilities any special educational or communication skills development services, please GO TO SECTION IV; otherwise, GO ON TO ITEM 22.)

22. Please indicate the kinds of programs your agency provides DIRECTLY with its own personnel and facilities for hard-of-hearing children (i.e., children with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard) by indicating the NUMBER of children who are being served by EACH kind of program this academic year (1967-68), or the 1967 fiscal year.

	KINDS OF PROGRAMS	AGE RANGES			
		0 - 2*	3 - 5	6 - 13	14 - 20
COL. 67	Self-contained day classes for deaf and hard-of-hearing (1/2-day or more)	____	____	____	____
COL. 68	Self-contained day classes for the hard-of-hearing only (1/2-day or more)	____	____	____	____
COL. 69	Regular nursery school and individual or small group communication skills development services	____	____	____	____
COL. 70	Individual or small group communication skills development services (less than 1/2-day)	____	____	____	____
COL. 71	Home program: tutor or therapist goes to the home	____	____	____	____
COL. 72	Others (PLEASE SPECIFY: ________ ______________________________)	____ ____	____ ____	____ ____	____ ____

* 0 - 2: 0 years - 2 years, 11 months, etc.

CARD 4.

23. What percent of the hard-of-hearing children who are being provided services DIRECTLY by your agency wear hearing aids? Please indicate the percent for EACH age range.

		AGE RANGES			
		0 - 2*	3 - 5	6 - 13	14 - 21
COL. 6-17	Percent who wear hearing aids	____%	____%	____%	____%

* 0 - 2: 0 years through 2 years, 11 months, etc.

COL. 18 24. Are appropriate programs available from other agencies for the hard-of-hearing children who complete your program(s)?

1 ☐ YES

2 ☐ YES, for some children

COL. 19 3 ☐ NO (Why not?)

25. If your agency employs a supervisor for your educational services for hard-of-hearing children, please give 1) the type of staff persons (audiologist, audiometrist, etc.) who supervises such services, and 2) the type of certification held by your supervisor.

COL. 20 ☐ Please check here if your agency does not employ such a supervisor and GO TO ITEM 26.

COL. 21 __________ Type of staff person who supervises the educational services

COL. 22-23 __________ Type of certification held by your supervisor

26. If your agency provides ANCILLARY SERVICES for hard-of-hearing children, please indicate the ONE type of staff person who USUALLY performs EACH of the following services.

COL. 24 ☐ Check here if such services ARE NOT provided DIRECTLY by your agency and GO TO ITEM 28.

	KINDS OF SERVICES	TYPES OF STAFF PERSONS				SERVICE NOT PROVID
		Audiologist*	Speech Pathologist	Teacher of the Deaf	Other (Specify)	
COL. 25	Auditory training	1 ☐	2 ☐	3 ☐	4 ____	5 ☐
COL. 26	Language training	1 ☐	2 ☐	3 ☐	4 ____	5 ☐
COL. 27	Psychological counseling (child)	1 ☐	2 ☐	3 ☐	4 ____	5 ☐
COL. 28	Psychological counseling (parent)	1 ☐	2 ☐	3 ☐	4 ____	5 ☐
COL. 29	Speechreading	1 ☐	2 ☐	3 ☐	4 ____	5 ☐
COL. 30	Speech therapy	1 ☐	2 ☐	3 ☐	4 ____	5 ☐
COL. 31	Vocational counseling	1 ☐	2 ☐	3 ☐	4 ____	5 ☐

*Individual HOLDS NATIONAL OR STATE certification in audiology or hearing, etc.

27. If your agency employs a supervisor for your communication skills development services for hard-of-hearing, please give 1) the type of staff person (audiologist, audiometrist, etc.) who supervises such services, and 2) the type of certification held by your supervisor.

COL. 32 ☐ Please check here if your agency does not employ such a supervisor and GO TO ITEM 28.

COL. 33 ________ Type of staff person who supervises communication skills development services

COL. 34-35 ________ Type of certification held by your supervisor

28. Please list in order of frequency of referral, the THREE types of referral sources (local school districts, other state agencies, etc., from which your agency most frequently receives referrals for special educational and/or communication skills development services for children with hearing levels for speech between 25 and 79 dB (ASA Standard).

COL. 36 ______________________________

COL. 37 ______________________________

COL. 38 ______________________________

29. As a rule, who determines the kind of programs needed by hard-of-hearing children? Please check ALL personnel involved.

COL. 39 ☐ Audiologist(s)

COL. 40 ☐ Hearing clinician(s)

COL. 41 ☐ Psychologist(s)

COL. 42 ☐ Social worker(s)

COL. 43 ☐ Speech clinician(s)

COL. 44 ☐ Teacher(s) of the deaf

COL. 45 ☐ Staff person(s) from another facility (PLEASE SPECIFY:

____

____

____)

COL. 46 29a. ☐ Please check if the program placement for hard-of-hearing children is reviewed at regular intervals. (How often?______

COL. 47 ___________________________)

30. If your agency provides both special educational and communication skills development services for SCHOOL-AGE hard-of-hearing children, please number in order of importance (1 most important, 5 least important), the factors that determine the KIND of services needed by a hard-of-hearing child.

COL. 48 ☐ Please check here if your agency does not provide both kinds of services and GO TO ITEM 31.

COL. 49 ☐ Academic achievement

COL. 50 ☐ Communication abilities

COL. 51 ☐ Degree of hearing impairment

COL. 52 ☐ Family cooperation

COL. 53 ☐ Social development

COL. 54 ☐ Other (PLEASE SPECIFY: ______________________________

____)

31. Does your agency have a contract or an agreement for the maintenance and repair of your auditory training equipment?

COL. 55 ☐ Check here if your agency does not have any auditory training equipment and GO TO ITEM 32.

1
COL. 56 ☐ YES (How often is it checked? ________________________)
COL. 57-58 2
☐ NO

32. Is your agency able to provide for ALL the special educational and/or communication skills development services needed by children with hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard) in your state who are not being served by other state agencies, local school districts, etc.?

1
COL. 59 ☐ YES
2
COL. 60 ☐ NO (Why not?)

SECTION IV

LAWS AND REGULATIONS GOVERNING HEARING SERVICES

(WE WOULD APPRECIATE YOUR SENDING US A COPY OF THE SECTION OF YOUR SCHOOL CODE AND/OR STATE LAW THAT PERTAINS TO SERVICES FOR HARD-OF-HEARING CHILDREN [I.E., CHILDREN WITH HEARING LEVELS FOR SPEECH FOR THE BETTER EAR BETWEEN 25 AND 70 dB--ASA STANDARD], AND ANY OTHER INFORMATION THAT DESCRIBES YOUR SERVICES FOR HARD-OF-HEARING CHILDREN.)

COL. 61 33. Is there a state law that requires hearing services (hearing testing, special educational, etc.) for children?

1 ☐ YES, hearing testing and special educational services

2 ☐ YES, hearing testing services only

3 ☐ YES, special educational services only

4 ☐ NO

PART A: HEARING TESTING SERVICES

34. If your agency has the PRIMARY ADMINISTRATIVE responsibility for the provision of hearing testing services for children in your STATE, please complete the table below for the SCREENING STANDARDS specified by your state laws and/or agency regulations (e.g., Pass-fail dB level criterion: 25dB in 2 or more frequencies, etc.)

COL. 62 ☐ Please check here if your agency does not have the PRIMARY ADMINISTRATIVE responsibility for the provision of SCREENING services and GO TO ITEM 34a.

	HEARING SCREENING STANDARDS	STATE LAW	AGENCY REGULATIONS
COL. 63-64	a. Pass-fail dB level criterion		
COL. 65-66	b. Frequencies to be screened		
COL. 67-68	c. Periodicity of screening		
COL. 69-70	d. Mandatory age for testing		
COL. 71-72	e. Permissive age for testing		
COL. 73-74	f. Qualifications of personnel (no. of training hrs. in testing)		
COL. 75-76	g. Frequency of audiometer calibration		

COL. 77 34a. ☐ Please check here if your agency does not have the PRIMARY ADMINISTRATIVE responsibility for the provision of hearing testing services, other than screening services, and GO TO PART B, PAGE 21; otherwise, GO ON TO ITEM 35.

CARD 5.

COL. 6 35. Do your state laws or agency regulations require an otologic evaluation for hearing impaired children?

1 ☐ YES, state law
2 ☐ YES, agency regulation
3 ☐ NO

COL. 7 36. Do your state laws or agency regulations require periodic testing of hearing impaired children?

COL. 8 1 ☐ YES, state law (How often?______________________)
COL. 9 2 ☐ YES, agency regulation (How often?______________________)
3 ☐ NO

37. If your state laws or agency regulations provide for funds for the purchase of hearing aids, do the laws or regulations also provide for hearing aid orientation for children who are fitted with hearing aids?

COL. 10 ☐ Please check here if your state does not provide funds for the purchase of hearing aids and GO TO ITEM 38.

COL. 11
COL. 12 1 ☐ YES, state law (PLEASE DESCRIBE THE ORIENTATION PROCEDURES)

COL. 13 2 ☐ YES, agency regulation (PLEASE DESCRIBE THE ORIENTATION PROCEDURES)

3 ☐ NO

COL. 14 38. Do your state laws or agency regulations specify the level of competency (e.g., ASHA Clinical Competence in audiology, etc.) for hearing testing (excluding hearing screening) personnel?

COL. 15-16 ☐ 1 YES, state law (PLEASE SPECIFY level of competency:__________ ____)

COL. 17-18 ☐ 2 YES, agency regulation (PLEASE SPECIFY level of competency: ____)

☐ 3 NO

COL. 19 39. Do your state laws or agency regulations specify the level of competency (e.g., ASHA Clinical Competence in audiology, etc.) for the supervisor of the hearing testing services?

COL. 20-21 ☐ 1 YES, state law (PLEASE SPECIFY level of competency:__________ ____)

COL. 22-23 ☐ 2 YES, agency regulation (PLEASE SPECIFY level of competency: ____)

☐ 3 NO

PART B: EDUCATIONAL AND ANCILLARY SERVICES

If your agency has the PRIMARY ADMINISTRATIVE responsibility for the provision of special educational and/or ancillary services for children with hearing levels for speech between 25 and 79 dB, ASA Standard, please answer the questions in PART B. If your agency has no such responsibility, please GO TO ITEM 48.

COL. 24 40. Do your state laws or agency regulations provide for a special education advisory committee, or other advisory committee, for hearing impaired children?

1 ☐ YES, state law

2 ☐ YES, agency regulation

3 ☐ NO (PLEASE GO TO ITEM 41)

40a. Please list the types of specialists who constitute the special education advisory committee, or other advisory committee, for hearing impaired children. Please indicate the name of the committee and the name of the agency to which the committee reports.

COL. 25 41. Do your state laws or agency regulations specify a mandatory school age range for children with hearing levels for speech between 25 and 79 dB--ASA Standard?

COL. 26-29 1 ☐ YES, state law (PLEASE SPECIFY: ________________ years)

COL. 30-33 2 ☐ YES, agency regulation (PLEASE SPECIFY: ________________ years)

3 ☐ NO

COL. 34 41a. Do your state laws or agency regulations specify a permissive school age range for children with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard?

COL. 35-38 1 ☐ YES, state law (PLEASE SPECIFY: ____________ years)

COL. 39-42 2 ☐ YES, agency regulation (PLEASE SPECIFY: ____________ years)

3 ☐ NO

42. If your state laws or agency regulations specify the kinds of educational and/or ancillary services to be provided for hearing impaired children according to degree of hearing impairment, please describe briefly the kinds of services to be provided for children with the following degrees of hearing impairment?

a. HEARING LEVELS FOR SPEECH FOR THE BETTER EAR BETWEEN 25 and 39 dB--ASA STANDARD

State Law:

Agency Regulations:

b. HEARING LEVELS FOR SPEECH FOR THE BETTER EAR BETWEEN 40 and 59 dB--ASA STANDARD

State Law:

Agency Regulations:

c. HEARING LEVELS FOR SPEECH FOR THE BETTER EAR BETWEEN 60 and 79 dB--ASA STANDARD

State Law:

Agency Regulations:

COL. 43 43. Do your state laws or agency regulations specify a minimum dB level for admission to a class or a school for the deaf?

COL. 44-45 1 ☐ YES, state law (PLEASE SPECIFY dB level: ____________ dB--ASA Standard)

COL. 46-47 2 ☐ YES, agency regulation (PLEASE SPECIFY dB level: __________ dB-ASA Standard)

3 ☐ NO

COL. 48 44. Do your state laws or agency regulations specify the level of competency (e.g., CEASD certification, state certification, etc.) for teachers of hearing impaired children?

COL. 49-50 1 ☐ YES, state law (PLEASE SPECIFY level of competency: __________ ____)

COL. 51-52 2 ☐ YES, agency regulation (PLEASE SPECIFY level of competency: ____)

3 ☐ NO

45. If your state laws or agency regulations specify the NUMBER OF COURSE HOURS (quarter) required IN THE AREA OF HEARING (auditory training, speechreading, language development for the hearing impaired, etc.) of speech and hearing clinicians who work with hearing impaired children, please indicate the minimum number of hours required.

COL. 53 ☐ Please check here if your state has no such laws or regulations.

COL. 54-55 __________ Minimum number of hours in hearing (state law)

COL. 56-57 __________ Minimum number of hours in hearing (agency regulation)

COL. 58 46. Do your state laws or agency regulations specify the level of competency (e.g., CEASD certification, ASHA Clinical Competence in audiology, etc.) for the supervisor(s) of special educational and/or communication skills development services for children with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard?

COL. 59-60 1 ☐ YES, state law (PLEASE SPECIFY level of competency: __________ ____)

COL. 61-62 2 ☐ YES, agency regulation (PLEASE SPECIFY level of competency: ____)

3 ☐ NO

47. Please describe briefly the research you believe is needed in the areas of hearing testing services and/or educational services for children with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard.

48. Please add any comments you would like to make concerning your program and/or any of the material covered in the questionnaire. Thank you for participating in the survey.

We would appreciate greatly your returning the questionnaire by June 5, 1968.

Local School Districts

Questionnaire

IF YOUR SCHOOL DISTRICT PROVIDES HEARING TESTING SERVICES ONLY, YOU NEED TO COMPLETE JUST THE PINK SECTION OF THE QUESTIONNAIRE.

Note: The design of our project allows for you to have the questionnaire completed by the member of your staff who is directly responsible for the supervision of your program for hearing impaired students, should you desire to do so.

Address Label

CARD 1

COL. 1-4

Name of respondent ______________________________

COL. 5 - Position Title of respondent ______________________________

1. As of your school district's latest regular report date for the winter term (1968), what was the approximate TOTAL student enrollment?

COL. 6-9 - _______________ Total student enrollment

2. CIRCLE lowest and highest grades in your school district. Disregard boxes.

COL. 10-13 -	Preschool	K	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8

3. What is your total annual budget, including current expenses, capital outlay, and debt service, for the current school year (1967 - 68)?

COL. 14-17 - $_______________ Total annual budget

3a. What is your allocation for Special Education?

COL. 18-21 - $_______________ Special Education budget

4. What kind of a population does your school district serve? Please estimate the per cent in each category.

COL. 22-24 - Urban __________%

COL. 25-27 - Suburban __________%

COL. 28-30 - Rural farm __________%

COL. 31-33 - Rural nonfarm __________%

100%

Note: Please be sure that the four percentages given total 100%.

HEARING TESTING SERVICES

5. Please indicate how **EACH** kind of hearing testing service listed in the table below is provided **(DISREGARD FUNDING)** as a rule for your student population. Check the ONE method of provision used most often for **EACH** kind of service.

	HEARING TESTING SERVICES	METHOD OF PROVISION		
		Directly By School District	By Arrangement With Other Agencies (state departments other schools, clinics, etc.)	Not Provided
COL. 34	a. Audiometric Screening	☐ 1	☐ 2	☐ 3
COL. 35	b. Air and Bone Threshold	☐ 1	☐ 2	☐ 3
COL. 36	c. Special Diagnostic Tests (speech audiometry, etc.)	☐ 1	☐ 2	☐ 3
COL. 37	d. Hearing Aid Evaluations	☐ 1	☐ 2	☐ 3
COL. 38	e. Periodic Testing of Known Hearing Impaired Children	☐ 1	☐ 2	☐ 3

5a. If your school district provides for hearing testing services for PRESCHOOL children, please check ALL the services that are provided.

COL. 39 - ☐ Check here if your district does not provide for such testing services and GO TO ITEM 6.

COL. 40 - ☐ Audiometric screening

COL. 41 - ☐ Air and bone threshold tests

COL. 42 - ☐ Special diagnostic tests (speech audiometry, etc.)

COL. 43 - ☐ Hearing aid evaluations

COL. 44 - ☐ Periodic testing of **KNOWN** hearing impaired

6. Please indicate ALL the types of staff persons (employed by your district or provided by arrangement with other agencies) who USUALLY perform EACH kind of hearing testing service provided for your student population.

	TYPES OF STAFF PERSONS	HEARING TESTING SERVICES				
		Audiometric Screening	Air and Bone Threshold	Special Diagnostic Tests (speech audiometry, etc.)	Hearing Aid Evaluations	Periodic Testing of KNOWN Hearing Impaired
COL. 45-49	Speech or hearing personnel	☐	☐	☐	☐	☐
COL. 50-54	Nurses	☐	☐	☐	☐	☐
COL. 55-59	Teachers of the deaf	☐	☐	☐	☐	☐
COL. 60-64	Other special education teachers	☐	☐	☐	☐	☐
COL. 65-69	Regular teachers	☐	☐	☐	☐	☐
	Volunteers (PLEASE SPECIFY TYPES BELOW)					
COL. 70-74	____________	☐	☐	☐	☐	☐
CARD 2 COL. 5-9	____________	☐	☐	☐	☐	☐
	Others (SPECIFY)					
COL. 10-14	____________	☐	☐	☐	☐	☐
COL. 15-19	____________	☐	☐	☐	☐	☐

6a. If MORE THAN one type of staff person (including volunteers and others) USUALLY perform ALL or SOME hearing testing services, please indicate the one type of staff person who predominantly performs the service(s) by circling the check mark(s) in ITEM 6.

COL. 20-24

7. If YOUR SCHOOL DISTRICT employs a supervisor for your hearing testing services program, please indicate the type of staff person who supervises the program.

X
☐ Check here if your school district does not employ such a supervisor and GO TO ITEM 8.

COL. 25

1
☐ Audiologist (with ASHA Clinical Competence certification)
2
☐ Audiologist (with ASHA Basic certification)
3
☐ Audiometrist (with State certification)
4
☐ Speech pathologist (with ASHA Clinical Competence certification)
5
☐ Speech pathologist (with ASHA Basic certification)
6
☐ Speech clinician (with State certification)
7
☐ Teacher of the deaf (with CEASD certification)
8
☐ Teacher of the deaf (with State certification)
9
☐ School nurse (with State certification)
0
☐ Others (PLEASE SPECIFY)______________________________

8. Please indicate the periodicity of audiometric screening for the students enrolled in your school district. Check only ONE.

COL. 26

1
☐ All grades every year
2
☐ All grades every two years or alternate grades every year
3
☐ All grades every three years
4
☐ At least 5 elementary grades (1 - 6) every year, 1 secondary grade every year
5
☐ At least 5 elementary grades (1 - 6) every year
6
☐ Grades 1, 4, 7, 10 every year
7
☐ Any three grades every year
8
☐ Any two grades every year
9
☐ One grade every year
0
☐ Other (PLEASE SPECIFY)______________________________

8a. Do you provide audiometric screening for students in programs for the mentally retarded, emotionally disturbed, brain damaged, etc.?

COL. 27

1
☐ YES
2
☐ NO

9. Approximately how many students failed the hearing SCREENING test this year (1967 - 68)?

COL. 28-32 ________ Number of students who failed the hearing SCREENING test

10. If hearing SCREENING services ONLY are provided for your student population, please indicate your follow-up procedure for students who fail the screening test. Check ALL that apply.

☐ Please check here if air and bone threshold tests are provided for your students, and GO TO ITEM 11.

COL. 33
- 8 ☐ Refer to school physician
- 9 ☐ Advise the child's parents
- 0 ☐ Other (PLEASE SPECIFY) ________
- Y ☐ Information not available

11. Are students who are found to have hearing impairments on the air (and bone) threshold test(s) ROUTINELY referred for an otologic evaluation?

COL. 34
- 1 ☐ YES
- 2 ☐ NO
- 3 ☐ INFORMATION NOT AVAILABLE

12. Approximately how many students were identified this year (1967-68) with the following degrees of hearing impairment? (Do not include those students who were found to have normal hearing on the threshold test, or those students whose hearing impairments were medically or surgically treatable.)

COL. 35-38 ________ 16-24 dB (ASA Standard)

COL. 39-42 ________ 25-79 dB (ASA Standard)

COL. 43-45 ________ 80 dB or more (ASA Standard)

Note: To compute the hearing level for speech, average the two best of the three hearing levels for the speech frequencies (500, 1000, and 2000 cps).

12a. If the information requested in ITEM 12 is not available, please give the approximate TOTAL number of students who were identified with PERMANENT hearing impairments.

COL. 46-50 ________ Total number of students with PERMANENT hearing impairmen

13. Are students with PERMANENT hearing impairments ROUTINELY referred for a hearing aid evaluation?

OL. 51

1 ☐ YES
2 ☐ NO
3 ☐ INFORMATION NOT AVAILABLE

14. How often does your school district provide for hearing reevaluations for your KNOWN hearing impaired student population?

OL. 52

1 ☐ Semi-annually
2 ☐ Annually
3 ☐ Other (PLEASE SPECIFY)________________________________
4 ☐ Information not available

15. About how often is the calibration of your audiometers checked with calibration test equipment? Please check ONE of the following.

OL. 53

1 ☐ Every month
2 ☐ Every three months
3 ☐ Every six months
4 ☐ Every year
5 ☐ Every two years
6 ☐ Every three years
7 ☐ Other (SPECIFY)________________________________

____

____

15a. Have your audiometers been recalibrated for ISO?

OL. 54

1 ☐ All have been
2 ☐ Some have been
3 ☐ None have been

16. Please indicate the approximate number of hearing impaired students for whom your school district is **RESPONSIBLE FOR THE PROVISION OF EDUCATIONAL SERVICES.** (The number of students with **PERMANENT** hearing impairments who were identified this year plus the number of students with **PERMANENT** hearing impairments who were known to you prior to this year.)

COL. 55-59 ________ Number of students with **PERMANENT** hearing impairments for whom district is **RESPONSIBLE FOR THE PROVISION OF EDUCATIONAL SERVICES.**

17. Please indicate how your school district is **PROVIDING FOR EDUCATIONAL SERVICES** for your students with **PERMANENT** hearing impairments by indicating the NUMBER of students enrolled in **EACH** type of agency.

	METHODS OF PROVISION	NUMBER OF STUDENTS
COL. 60-63	a. Directly by local school district with its own personnel and facilities	____
COL. 64-67	b. By cooperative agreement with other school districts	____
COL. 68-71	c. Through other school districts because space is available in the districts	____
COL. 72-75	d. Through state school for the deaf	____
CARD 3 COL. 5-8	e. Through private school for the deaf	____
COL. 9-12	f. Other (PLEASE SPECIFY)________________________________	____
	TOTAL*	________

*BE SURE THE TOTAL GIVEN IN ITEM 17 AGREES WITH THE TOTAL GIVEN IN ITEM 16.

18. If your school district has a cooperative agreement with other school districts for the provision of hearing testing, special educational and/or communication skills development services (auditory training, speechreading, language development, etc.) for your hearing impaired students, please indicate the number of school districts that participate in the cooperative agreement.

COL. 13

7 ☐ Check here if your school district does not have a cooperative agreement.

1 ☐ 1 - 3
2 ☐ 4 - 6
3 ☐ 7 - 9
4 ☐ 10 - 12
5 ☐ 13 - 15
6 ☐ More than 15 (SPECIFY)
____
____

18a. If your school district participates in a cooperative program, please give the name and address of the school district where the program for special services (hearing testing, special educational and/or communication skills development, personnel and facilities) is located.

Name of school____

Street address____

City________________County_______________State__________Zip Code____

If there are NO students with **PERMANENT** hearing impairments enrolled in your school district ([a] in ITEM 17), please add any comments you would like to make about services for hearing impaired students, especially students with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard, and return the questionnaire in the enclosed envelope. Thank you for participating in the survey.

EDUCATIONAL AND ANCILLARY SERVICES

19. Please indicate the kinds of programs your school district provides for the hearing impaired students who are attending schools in your district ([a] in ITEM 17), by indicating the NUMBER of students enrolled in EACH kind of program. (Be sure the TOTAL number of students agrees with the number of students given in [a] of ITEM 17.) DO NOT INCLUDE STUDENTS WHO ARE ENROLLED IN DAY OR RESIDENTIAL SCHOOLS FOR THE DEAF.

O ☐ X ☐ Y ☐

	KINDS OF PROGRAMS	GRADE LEVELS				
		Pre-sch.	K - 3	4 - 6	7 - 8	9 - 12
COL. 14	a. Self-contained day classes for the deaf ONLY*					
COL. 15	b. Self-contained day classes for the deaf and hard-of-hearing					
COL. 16	c. Self-contained day classes for the hard-of-hearing ONLY**					
COL. 17	d. Regular classes: hearing impaired spend part of the day with teacher of the deaf					
COL. 18	e. Regular classes: hearing impaired receive communication skills development from itinerant tutor or clinician					
COL. 19	f. Regular classes: supplementary help not needed (e.g. high school students who no longer need special help except hearing aids.)					
COL. 20	g. Regular classes: supplementary help not available					
COL. 21	h. Individual tutoring: students taken to school facility (e.g. preschool)					
COL. 22	i. Home program: tutor goes to the home (e.g. preschool)					

*Students with hearing levels for speech for the better ear of 80 dB or worse--ASA Standard.

**Students with hearing levels for speech for the better ear better than 80 dB--ASA Standard.

Note: To compute the hearing level for speech, average the two best of the three hearing levels for the speech frequencies (500, 1000, and 2000 cps).

19a. If your school district provides training services for PRESCHOOL children, please circle the YOUNGEST and OLDEST ages served.

COL. 23-24
COL. 25-26 AGE IN MONTHS: 6 12 18 24 30 36 42 48 54 60

19b. How many of the hearing impaired students who are attending classes in your school district (ITEM 19) do you consider to be DEAF (i.e., students with hearing levels for speech for the better ear of 80 dB or worse--ASA Standard)? Please indicate the NUMBER at EACH grade level. DO NOT INCLUDE STUDENTS WHO ARE ENROLLED IN DAY OR RESIDENTIAL SCHOOLS FOR THE DEAF.

	GRADE LEVELS:	Presch.	K - 3	4 - 6	7 - 8	9 - 12
COL. 27-41	Number of DEAF students:	______	_____	_____	_____	______

19c. If your school district provides both self-contained day classes for the deaf ONLY and self-contained day classes for the hard-of-hearing ONLY ([a] and [c] in ITEM 19), please number in order of importance (1 most important 5 least important) the factors that determine a student will be considered EDUCATIONALLY hard-of-hearing.

COL. 42 ☐ Please check here if your district does not provide both kinds of classes and GO TO ITEM 19d.

COL. 43 ☐ Academic achievement

COL. 44 ☐ Communication abilities

COL. 45 ☐ Degree of hearing impairment

COL. 46 ☐ Family cooperation

COL. 47 ☐ Social development

COL. 48 ☐ Other (SPECIFY)____

____

19d. If the degree of hearing impairment is not the primary criterion employed by your school district to differentiate between the EDUCATIONALLY hard-of-hearing and the EDUCATIONALLY deaf, at what AGE(S) can you USUALLY decide that a student is EDUCATIONALLY hard-of-hearing?

COL. 49-50 ______________ Usual age(s) when differentiation between EDUCATIONALLY hard-of-hearing and EDUCATIONALLY deaf can be made

COL. 51-52 ______________

COL. 53-54 ______________

20. What percent of the hearing impaired students at EACH grade level wear hearing aids? Please indicate the percent for EACH grade level.

	GRADE LEVELS:	Presch.	K - 3	4 - 6	7 - 8	9 - 12
COL. 55-69	Percent who wear hearing aids:	_____	_____	_____	_____	_____

21. If your school district has been UNABLE to provide ALL the special educational and/or communication skills development services (auditory training, speechreading, language development, etc.) needed by the hearing impaired students who are attending classes in your school district, please indicate why you have been unable to supply such services. Check ALL that apply.

COL. 70 ☐ Check here if your district is able to provide ALL the special services needed by your hearing impaired student population and GO TO ITEM 22.

COL. 71
- 8 ☐ Insufficient funds for own program
- 9 ☐ Unable to find competent personnel for own program
- 0 ☐ Insufficient number of hearing impaired students in school district to warrant special program
- X ☐ No program for the hearing impaired within commuting distance
- Y ☐ Others (SPECIFY)____

____

____

COL. 72 ☐ Please check here if your school district plans to provide such services within the next two years.

(If ALL the hearing impaired students who are attending schools in your district are in regular classes because supplementary help is unavailable, [g] in ITEM 19, please GO TO ITEM 31; otherwise, GO TO ITEM 22.)

22. Please indicate the NUMBER of each type of staff person employed by your school district to provide SPECIAL EDUCATIONAL SERVICES for students enrolled in self-contained day classes for the deaf and hard-of-hearing, self-contained day classes for the hard-of-hearing ONLY, and/or resource classes for the hearing impaired ([b], [c], and [d] in ITEM 19) at EACH of the following grade levels. DO NOT include personnel who are employed to provide communication skills development services ONLY.

COL. 73 ☐ Check here if your district does not provide such services and GO TO ITEM 23.

O ☐ X ☐ Y ☐

CARD 4

	TYPES OF STAFF PERSONS	GRADE LEVELS				
		Pre-sch.	K - 3	4 - 6	7 - 8	9 - 12
COL. 5	Teachers of the deaf (with CEASD certification)	___	___	___	___	___
COL. 6	Teachers of the deaf (with State certification)	___	___	___	___	___
COL. 7	Audiologists (with ASHA Clinical Competence certification)	___	___	___	___	___
COL. 8	Audiologists (with ASHA Basic certification)	___	___	___	___	___
COL. 9	Speech pathologists (with ASHA Clinical Competence certification)	___ ___	___ ___	___ ___	___ ___	___ ___
COL. 10	Speech pathologists (with ASHA Basic certification)	___	___	___	___	___
COL. 11	Speech & hearing clinician (with State certification)	___	___	___	___	___
COL. 12	Others (PLEASE SPECIFY)					
COL. 13	___	___	___	___	___	___
	___	___	___	___	___	___

23. If your school district provides ANCILLARY SERVICES for hard-of-hearing students (i.e., students with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard), please indicate the ONE type of staff person who USUALLY performs EACH of the following services.

COL. 14 ☐ Check here if such services ARE NOT provided DIRECTLY by your district and GO TO ITEM 23a.

	KINDS OF SERVICES	TYPES OF STAFF PERSONS				SERVICE NOT PROVIDED
		Audiologist*	Speech Pathologist	Teacher of the Deaf	Other (Specify)	
COL. 15	Auditory training	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 16	Language training	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 17	Psychological counseling (child)	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 18	Psychological counseling (parent)	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 19	Speechreading	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 20	Speech therapy	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 21	Vocational counseling	1 ☐	2 ☐	3 ☐	4 ______	5 ☐

*Individual HOLDS NATIONAL OR STATE certification in audiology or hearing, etc.

23a. Please check ALL the ANCILLARY SERVICES that your school district provides for hard-of-hearing students through OTHER AGENCIES (other school districts, speech and hearing centers, and/or state departments, etc.)

COL. 22 ☐ Check here if your district does not provide such services through other agencies and GO TO ITEM 24.

ANCILLARY SERVICES

COL. 23 ☐ Auditory training

COL. 24 ☐ Language training

COL. 25 ☐ Psychological counseling (child)

COL. 26 ☐ Psychological counseling (parent)

COL. 27 ☐ Speechreading

COL. 28 ☐ Speech therapy

COL. 29 ☐ Vocational counseling

24. Please indicate the type of staff person who supervises educational services for hard-of-hearing students by placing 1 in the appropriate box, and the type of staff person who supervises communication skills development services by placing 2 in the appropriate box.

COL. 30-31

Y ☐ Check here if your school district does not employ such supervisors and GO TO ITEM 25.

1 ☐ Audiologist (with ASHA Clinical Competence certification)

2 ☐ Audiologist (with ASHA Basic certification)

3 ☐ Speech pathologist (with ASHA Clinical Competence certification)

4 ☐ Speech pathologist (with ASHA Basic certification)

5 ☐ Teacher of the deaf (with CEASD certification)

6 ☐ Teacher of the deaf (with State certification)

7 ☐ Hearing clinician (with State certification)

8 ☐ Speech and/or hearing clinician (with State certification)

9 ☐ Special education teacher (with State certification)

0 ☐ Regular teacher (with State certification

X ☐ Other (SPECIFY)____________________

____

____

25. For the current school year, what is the per pupil cost for educating students enrolled in EACH of the following kinds of programs?

COL. 32

☐ Check here if this information is not available and GO TO ITEM 26.

KINDS OF PROGRAMS	PER PUPIL COST
Deaf students in self-contained classes	$__________
Hard-of-hearing students in self-contained classes	$__________
Hearing impaired students in regular classes: part of the day with teachers of the deaf	$__________
Hearing impaired students in regular classes: supplementary help from itinerant tutor or clinician	$__________
Normal hearing and hearing impaired students in regular classes	$__________
Normal hearing students in regular classes	$__________

(ITEMS 26 THROUGH 29 ALL PERTAIN TO YOUR SCHOOL DISTRICT'S PROCEDURES FOR HARD-OF-HEARING STUDENTS [i.e., STUDENTS WITH HEARING LEVELS FOR SPEECH FOR THE BETTER EAR BETWEEN 25 AND 79 dB--ASA STANDARD] WHO ARE ATTENDING SCHOOLS IN YOUR DISTRICT, EXCLUDING DAY AND RESIDENTIAL SCHOOLS FOR THE DEAF.)

26. If your school district requires evaluations in addition to the audiologic evaluation before hard-of-hearing students are admitted to your program, please check ALL the additional evaluations you require.

COL. 33 ☐ Check here if additional evaluations are not required by your district and GO TO ITEM 27.

COL. 34
1 ☐ Neurologic
0 ☐ Pediatric
Y ☐ Others (SPECIFY)________________
8 ☐ Ophthalmologic
X ☐ Psychologic
____
9 ☐ Otologic
____

26a. Can a student be excluded from your program on the basis of the results of the evaluations listed in ITEM 26.

COL. 35
1 ☐ YES (PLEASE EXPLAIN your policy regarding hard-of-hearing students who do not meet your admission requirements.)
____
____
2 ☐ NO

27. As a rule, who determines the kind of program placement for hard-of-hearing students? Please check ALL personnel involved.

COL. 36 ☐ Audiologist(s)
COL. 37 ☐ Principal(s)
COL. 38 ☐ Psychologist(s)
COL. 39 ☐ Social worker(s)
COL. 40 ☐ Speech clinician(s)
COL. 41 ☐ Teacher(s) of the deaf
COL. 42 ☐ Staff person(s) from another facility (PLEASE SPECIFY)________________
____

COL. 43
COL. 44
27a. ☐ Please check here if the program placement for hard-of-hearing students is reviewed at regular intervals. (How often?________________)

28. Do you administer the same standard achievement tests to hard-of-hearing and normal hearing students? Please check your USUAL procedure.

COL. 45 X ☐ Check here if your school district does not administer objective achievement tests and GO TO ITEM 29.

1 ☐ YES

2 ☐ YES, but tests are administered individually to hard-of-hearing students

3 ☐ YES, but tests are administered to small groups of hard-of-hearing students

4 ☐ NO (PLEASE EXPLAIN)______________________________

____

____

29. If your school district provides both self-contained classes and integrated classes for hard-of-hearing students, please number in order of importance from 1-5 (1 most important, 5 least important) the factors that determine the readiness of a student to go from a self-contained class into an integrated class.

COL. 46 ☐ Check here if your school district does not provide both kinds of classes and GO TO ITEM 30.

COL. 47 ☐ Academic achievement

COL. 48 ☐ Communication abilities

COL. 49 ☐ Degree of hearing impairment

COL. 50 ☐ Family cooperation

COL. 51 ☐ Social development

COL. 52 ☐ Other (SPECIFY)__________________________________

____

____

30. Are the MAJORITY of the hard-of-hearing students (i.e. students with hearing levels for speech between 25 and 79 dB--ASA Standard) who are in regular classes ([d], [e], [f], and [g] in ITEM 19) achieving at their potential as determined by psychological tests?

COL. 53 X ☐ Please check here if there are NO hard-of-hearing students in regular classes and GO TO ITEM 31.

1 ☐ YES
2 ☐ NO
3 ☐ INFORMATION NOT AVAILABLE

31. Do you have a contract or an agreement for the maintenance and repair of your auditory training equipment?

COL. 54 X ☐ Check here if your district does not have any auditory training equipment and GO TO ITEM 32.

1 ☐ YES (How often is it checked?______________________________)
COL. 55 2 ☐ NO

32. If money were available, what priority would you give to THREE of the following? Please number according to priority using 1 to indicate the highest priority, 2 to indicate the next highest and so on.

COL. 56 ☐ Employ more teachers of the deaf
COL. 57 ☐ Employ more audiologists
COL. 58 ☐ Employ more audiometrists
COL. 59 ☐ Employ more speech clinicians
COL. 60 ☐ Employ more supervisory personnel
COL. 61 ☐ Increase administrative staff
COL. 62 ☐ Employ (more) specialists such as psychologists, social workers, etc.
COL. 63 ☐ Raise staff salaries

33. If money were available, what priority would you give to THREE of the following? Please number according to priority using 1 to indicate the highest priority, 2 to indicate the next highest and so on.

COL. 64 ☐ Improve classrooms

COL. 65 ☐ Purchase more modern portable audiometers

COL. 66 ☐ Purchase special diagnostic audiometric equipment

COL. 67 ☐ Purchase calibration equipment

COL. 68 ☐ Improve hearing screening facilities

COL. 69 ☐ Improve diagnostic testing environments

COL. 70 ☐ Purchase more auditory training equipment

COL. 71 ☐ Improve repair and maintenance equipment

COL. 72 ☐ Others (SPECIFY)____

____

____

34. Please describe briefly the research you believe is needed in the areas of hearing testing, special educational, and/or communication skills development services for hearing impaired students, especially for students with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard.

35. Please add any comment you would like to make concerning your program and/or any of the material covered in the questionnaire. Thank you for participating in the survey.

We would appreciate greatly your returning the questionnaire by May 6, 1968.

State Schools for the Deaf

Questionnaire

Address Label

CARD 1.

COL. 1-4 Name of respondent____

COL. 5 Position Title of respondent________________________________

COL. 6 1. Please indicate the most appropriate classification for your school.

1 ☐ State residential and day school for the deaf
2 ☐ State residential school for the deaf
3 ☐ Public day school for the deaf
4 ☐ Private residential and day school for the deaf
5 ☐ Private residential school for the deaf
6 ☐ Private day school for the deaf
7 ☐ Other (PLEASE SPECIFY:________________________________)

2. As of the current school year, what is your approximate student enrollment? Include only those students who spend the major portion of each weekday in your program.

COL. 7-10 __________Student enrollment

3. Please circle the lowest and highest grades included in your school.

	Preschool	K	1	2	3	4	5	6	7	8	9	10	11	12	13	14
COL. 11-14	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8

4. What is your total annual budget, including current expenses, capital outlay, and debt services, for the current school year (1967-68)?

COL. 15-19 $________Total annual budget

5a. Approximately HOW MANY of the students enrolled in your school have the following degrees of hearing impairment?

COL. 20-21 __________ 25 - 39 dB--ASA Standard

COL. 22-23 __________ 40 - 59 dB--ASA Standard

COL. 24-27 __________ 60 - 79 dB--ASA Standard

COL. 28-31 __________ 80 dB or more--ASA Standard

5b. If the above information is not available, please indicate the approximate number of students who have hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard.

COL. 32-34 __________ Number of students with hearing levels for speech between 25 and 79 dB--ASA Standard

6. Approximately how many of your total student population do you consider to be EDUCATIONALLY hard-of-hearing?

COL. 35-37 __________ Number of EDUCATIONALLY hard-of-hearing students

7. Please indicate your criteria by NUMBERING the following factors in order of importance (1 most important, 5 least important) for decidin a hearing impaired child will be considered EDUCATIONALLY hard-of-hea

COL. 38 ☐ Academic achievement

COL. 39 ☐ Communication abilities

COL. 40 ☐ Degree of hearing impairment

COL. 41 ☐ Family cooperation

COL. 42 ☐ Social development

COL. 43 ☐ Others (SPECIFY: ______________________________

____

______________________________)

8. By what age(s) can you USUALLY decide that a hearing impaired child is EDUCATIONALLY hard-of-hearing?

COL. 44-45 __________ Usual age(s) when differentiation between EDUCATIONALLY hard-of-hearing and EDUCATIONALLY deaf can be made

COL. 46-47 __________

COL. 48-49 __________

9. Is one of your admission requirements a minimum degree of hearing impairment?

COL. 50 1 ☐ YES (The minimum degree of hearing impairment is _____dB--ASA Standard)

COL. 51-52 2 ☐ NO

10a. Please indicate ALL the evaluations your school ROUTINELY requires BEFORE students with hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard) are admitted to your school.

COL. 53 ☐ Academic (school-age students)

COL. 54 ☐ Audiologic

COL. 55 ☐ Communication skills (school-age students)

COL. 56 ☐ Hearing aid fitting (if child can benefit)

COL. 57 ☐ Neurologic

COL. 58 ☐ Ophthalmologic

COL. 59 ☐ Otologic

COL. 60 ☐ Pediatric

COL. 61 ☐ Psychologic

COL. 62 ☐ Others (PLEASE SPECIFY:_______________________________________)

COL. 63 10b. Can a student be excluded from your program on the basis of the results of the evaluations listed in ITEM 10a?

1 ☐ YES (Please EXPLAIN your policy regarding students who do not meet your admission requirements.

____

____)

2 ☐ NO

11a. Who USUALLY determines the kinds of programs needed by the students enrolled in your school? Please check ALL personnel involved.

COL. 64	☐ Audiologists
COL. 65	☐ Principal
COL. 66	☐ Psychologists
COL. 67	☐ Social workers
COL. 68	☐ Speech clinicians
COL. 69	☐ Teachers of the deaf
COL. 70	☐ Staff persons from another facility (PLEASE SPECIFY:_______________ ____)

11b. Is the program placement for students with hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard) reviewed at regular intervals?

COL. 71	☐ YES (How often?________________________)
COL. 72	☐ NO

CARD 2

12. Please indicate ALL the kinds of programs your school provides for your students.

COL. 7	☐ Classes for the deaf* ONLY
COL. 8	☐ Classes for the deaf and hard-of-hearing** ONLY
COL. 9	☐ Classes for the hard-of-hearing* ONLY
COL. 10	☐ Classes for the students you consider to be EDUCATIONALLY hard-of-hearing
COL. 11	☐ Regular nursery school and individual or small group tutoring from a teacher of the deaf
COL. 12	☐ Individual or small group tutoring (preschool children taken to school; less than 1/2-day)
COL. 13	☐ Home program (tutor goes to the home: preschool)
COL. 14	☐ Other (PLEASE SPECIFY:________________________)

*Students with hearing levels for speech of 80 dB or worse--ASA Standa
**Students with hearing levels for speech better than 80 dB--ASA Standa

13. If ALL or SOME of the HARD-OF-HEARING students who are enrolled in your school are provided separate programs, please describe briefly how your program(s) for HARD-OF-HEARING students and your program(s) for DEAF students differ.

COL. 15 ☐ Check here if different kinds of programs are not provided and GO TO ITEM 14.

COL. 16 14. Please indicate the average class size for EACH of the following grade levels.

	GRADE LEVELS				
	Preschool	K - 3	4 - 6	7 - 8	9 - 12
COL. 17-26 Average class size	______	____	____	____	____

15. What percent of the children with hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard) wear hearing aids? Please indicate the percent for EACH age range.

	AGE RANGE(S)			
	0 - 2*	3 - 5	6 - 13	14 - 21
COL. 27-38 Percent who wear hearing aids	___%	___%	___%	___%

* 0 - 2: 0 years through 2 years, 11 months, etc.

16. If your school employs a supervisor for your educational services, please give below 1) the type of staff persons who supervises such services, and 2) the type of certification held by your supervisor.

COL. 39 ☐ Check here if your school does not employ such a supervisor.

COL. 40 __________Type of staff person who supervises the educational services

COL. 41-42 __________Type of certification held by supervisor

17a. Please number in order of frequency (1 most frequent, 3 least frequent) the THREE most frequent REASONS for students with hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard) being transferred to your school.

COL. 43 ☐ Academic failure in hard-of-hearing program in local school district

COL. 44 ☐ Academic failure in regular class in local school district

COL. 45 ☐ Completed program(s) on local district(s)

COL. 46 ☐ Family circumstances

COL. 47 ☐ Lack of communication abilities

COL. 48 ☐ Location of program

COL. 49 ☐ Multiple handicaps

COL. 50 ☐ No program for hearing impaired in local school district

COL. 51 ☐ Retarded social development

COL. 52 ☐ Unable to learn to communicate orally

COL. 53 ☐ Other (PLEASE SPECIFY: ______________________________)

17b. If a student is transferred to your school for any of the reasons listed in ITEM 17a, at what age(s) does the transfer usually occur?

COL. 54-55 __________ Usual age(s) when students are transferred to school for the deaf

COL. 56-57 __________

COL. 58-59 __________

17c. From what type of AGENCY do you most frequently receive such transfer referrals?

COL. 60 __________ Type of agency that most frequently refers students with hearing levels for speech between 25 and 79 dB--ASA Standard

18a. Do you teach a method of communication other than ORAL communication?

COL. 61 ☐ 1 YES (PLEASE EXPLAIN what method[s]: ______________________________

____

______________________________)

☐ 2 NO (PLEASE GO TO ITEM 19)

18b. If in ITEM 18a you checked YES, do you make any special effort to insure that the hard-of-hearing students in your school communicate orally most of the time?

COL. 62 ☐ 1 YES (PLEASE EXPLAIN: ______________________________

____

______________________________)

☐ 2 NO

COL. 63 19. Does your school provide ALL its own hearing testing services?

☐ 1 YES (PLEASE GO TO ITEM 20)

☐ 2 NO (PLEASE GO TO ITEM 21)

20. Do you have an arrangement with another agency to provide hearing testing services? Please check ALL that apply.

COL. 64 ☐ 1. YES, college or university speech and hearing center or clinic

COL. 65 ☐ 2. YES, medical school speech and hearing center or clinic

COL. 66 ☐ 3. YES, medical school ear, nose, and throat department

COL. 67 ☐ 4. YES, state department of health

COL. 68 ☐ 5. YES, state department of education

COL. 69 ☐ 6. YES, community speech and hearing center or clinic

COL. 70 ☐ 7. YES, private speech and hearing center or clinic

COL. 71 ☐ 8. YES, audiologist in private practice

COL. 72 ☐ 9. YES, otologist in private practice

COL. 73 ☐ 10. YES, other (PLEASE SPECIFY: ______________________________)

COL. 74 ☐ 11. NO (PLEASE EXPLAIN why your school has been unable to provide hearing testing services; then GO TO ITEM 24.

____

______________________________)

CARD 3

COL. 7

21. If your school provides with its own personnel and equipment ANY hearing testing services, how often do you test the hearing of your students?

1 ☐ Semi-annually
2 ☐ Annually
3 ☐ Other (PLEASE SPECIFY:________________________________)
4 ☐ Does not provide

22. If your school employs a supervisor for your hearing testing program, please give below 1) the type of staff person who supervises such services, and 2) the type of certification held by your supervisor.

COL. 8 ☐ Check here if your school does not employ such a supervisor and GO TO ITEM 23a.

COL. 9 __________Type of staff person who supervises hearing testing services

COL. 10-11 __________Type of certification held by supervisor

COL. 12

23a. About how often is the calibration of your audiometers checked with calibration test equipment? Please check ONE of the following.

1 ☐ Every month
2 ☐ Every three months
3 ☐ Every six months
4 ☐ Every year
5 ☐ Every two years
6 ☐ Every three years
7 ☐ Other (PLEASE SPECIFY:________________________________

COL. 13

23b. Have your audiometers been recalibrated for ISO?

1 ☐ All have been
2 ☐ Some have been
3 ☐ None have been

24. If your school provides for ANCILLARY SERVICES for students with hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard) or for students whom you consider to be EDUCATIONALLY hard-of-hearing, please indicate how you provide for EACH of the ANCILLARY SERVICES listed below. Please check the method used most frequently.

COL. 14 ☐ Check here if your school does not provide for ANCILLARY SERVICES and GO TO ITEM 26.

	ANCILLARY SERVICES	METHODS OF PROVISION		
		Directly By School	Facility Checked IN ITEM 20*	Not Provided
COL. 15	Academic tutoring	0 ☐	1-9 ☐	X ☐
COL. 16	Auditory training	0 ☐	1-9 ☐	X ☐
COL. 17	Hearing aid evaluations	0 ☐	1-9 ☐	X ☐
COL. 18	Language training	0 ☐	1-9 ☐	X ☐
COL. 19	Otologic diagnosis and/or treatment	0 ☐	1-9 ☐	X ☐
COL. 20	Psychological counseling	0 ☐	1-9 ☐	X ☐
COL. 21	Speechreading	0 ☐	1-9 ☐	X ☐
COL. 22	Speech therapy	0 ☐	1-9 ☐	X ☐

*IF THE SERVICE IS PROVIDED BY A FACILITY LISTED IN ITEM 20, PLEASE WRITE THE NUMBER PRECEDING THE FACILITY IN THE APPROPRIATE BOX.

25. If your school employs a supervisor for your communication skills development services, please give below 1) the type of staff person who supervises such services, and 2) the type of certification held by your supervisor.

COL. 23 ☐ Check here if your school does not employ such a supervisor and GO TO ITEM 26.

COL. 24 ________Type of staff person who supervises communication skills development services

COL. 25-26 ________Type of certification held by supervisor

26. Please indicate the NUMBER of EACH type of staff person employed by your school to provide hearing testing, special educational, and/or communication skills development services.

	TYPES OF STAFF PERSONS	NUMBER OF EACH TYPE OF STAFF PERSON
COL. 27-28	Audiologists (with ASHA Clinical Competence certification)	______
COL. 29-30	Audiologists (with ASHA Basic certification)	______
COL. 31-32	Audiometrists (with State certification)	______
COL. 33-34	Speech pathologists (with ASHA Clinical Competence certification)	______
COL. 35-36	Speech clinicians (with ASHA Basic certification)	______
COL. 37-38	Speech clinicians (with State certification)	______
COL. 39-41	Teachers of the deaf (with CEASD certification)	______
COL. 42-44	Teachers of the deaf (with State certification)	______
COL. 45-46	Regular nursery school teachers (with State certification)	______
COL. 47-48	Special education teachers (with State certification)	______
COL. 49-50	Others (PLEASE SPECIFY: ____________________ ____________________)	______
COL. 51-53	Total	______

27. For the current school year, what is the per pupil cost for educating students in EACH of the following kinds of classes and grade levels?

	KINDS OF CLASSES	COST BY GRADE LEVEL				
		Pre-sch.	K-3	4-6	7-8	9-12
COL. 54-61	Classes for the hearing impaired: residents	____	____	____	____	____
COL. 62-69	Classes for the hearing impaired: day	____	____	____	____	____
COL. 70-77	Individual or small group programs: less than 1/2 day	____	____	____	____	____

CARD 4

28. Do you have a contract or an agreement for the maintenance and repair of your auditory training equipment?

COL. 7 ☐ 1 Check here if your school does not have any auditory training equipment and GO TO ITEM 29a.

COL. 8 ☐ 2 YES (How often is it checked?)____________________________

☐ 3 NO, maintenance and repair service is provided by school

☐ 4 NO

29a. If money were available, what priority would you give to THREE of the following? Please number according to priority using 1 to indicate the highest priority, 2 to indicate the next highest and so o

COL. 9 ☐ Employ more teachers of the deaf

COL. 10 ☐ Employ more audiologists

COL. 11 ☐ Employ more audiometrists

COL. 12 ☐ Employ more hearing clinicians

COL. 13 ☐ Employ more speech therapists

COL. 14 ☐ Employ more supervisory personnel

COL. 15 ☐ Increase administrative staff

COL. 16 ☐ Employ (more) specialists such as psychologists, social workers, etc.

COL. 17 ☐ Raise staff salaries

29b. If money were available, what priority would you give to THREE of the following? Please number according to priority using 1 to indicate the highest priority, 2 to indicate the next highest and so o

COL. 18 ☐ Improve classrooms

COL. 19 ☐ Purchase more modern portable audiometers

COL. 20 ☐ Purchase special diagnostic audiometric equipment

COL. 21 ☐ Purchase calibration equipment

COL. 22 ☐ Improve hearing screening facilities

COL. 23 ☐ Improve diagnostic testing environments

COL. 24 ☐ Purchase more auditory training equipment

COL. 25 ☐ Improve repair and maintenance equipment

COL. 26 ☐ Others (SPECIFY:____

COL. 27 ☐ ____)

30. Please describe briefly the research you believe is needed in the areas of hearing testing, special educational, and/or communication skills development services for hearing impaired students, especially for students with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard.

31. Please add any comment you would like to make concerning your program and/or any of the material covered in the questionnaire. Thank you for participating in the survey.

We would appreciate greatly your returning the questionnaire by May 10, 1968.

Speech and Hearing Clinics

Questionnaire

THIS SURVEY IS CONCERNED WITH CURRENT PRACTICES IN EDUCATION FOR CHILDREN BETWEEN 0 AND 21 YEARS WITH HEARING LEVELS FOR SPEECH FOR THE BETTER EAR BETWEEN 25 and 79 dB--ASA STANDARD

Note. To compute the hearing level for speech, average the two best of the three hearing levels for the speech frequencies (500, 1000, and 2000 cps).

Address Label

CARD 1

COL. 1-4 Name of respondent ____________________

COL. 5 Position Title of respondent ____________________

1. Please indicate **THE PRIMARY TYPE OF FACILITY** for which you are reporting.

COL. 6

1 ☐ Community Speech and Hearing Center

2 ☐ Non-University Hospital or Health Facility (e.g., Medical or Rehabilitation Center)

3 ☐ University Hospital Medical College or other Health Facility (e.g., Dental School)

4 ☐ University or College program (excluding University Hospitals, Medical Centers or Medical Colleges)

5 ☐ Other (PLEASE SPECIFY: ____________________)

2. Do you offer **ANY** of the following services for hard-of-hearing children (i.e., children with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard)? Please check **ALL** the services you offer.

COL. 7

1 ☐ YES, hearing screening services

8 ☐ YES, hearing testing services other than screening services

9 ☐ YES, special educational services (1/2-day or more in classroom)

0 ☐ YES, individual or small group academic tutoring (less than 1/2-day: academic subjects)

X ☐ YES, individual or small group communication skills development services (less than 1/2-day: auditory training, language development, speechreading, speech development, etc.)

Y ☐ NO

(If in **ITEM 2** you checked **NO**, please **GO TO ITEM 3**; otherwise, **GO TO ITEM 4**)

COL. 8 3. Please indicate why your agency does not provide hearing testing, special educational, and/or communication skills development services for hard-of-hearing children. Check ALL that apply.

1
☐ Center specializes in services for the speech handicapped only
8
☐ Insufficient funds to provide services
9
☐ Insufficient number of hearing impaired to warrant program
0
☐ Unable to find competent personnel
X
☐ Would duplicate services provided by other agencies
Y
☐ Others (PLEASE SPECIFY:______________________________

____

______________________________)

(Please add any comments you would like to make about services for children between 0 and 21 years with hearing levels for speech for the better ear between 25 and 79 dB [ASA Standard] and return the questionnaire in the enclosed envelope. Thank you for participating in the survey.)

COL. 9 4. Does your agency operate on an academic or fiscal year?

1
☐ Academic year
2
☐ Fiscal year

5. What is your TOTAL budget for the 1967 - 68 academic (or 1967 fiscal) year?

COL. 10-12 $______________Total budget

6. On the average, how many patients are provided services (hearing testing, hearing therapy, speech therapy, etc.) by your agency per annum?

COL. 13-17 ______________Total number of patients

7. Please check ALL the age ranges for which your agency provides hearing testing, special education and/or communication skills development services.

COL. 18
1
☐ 0 - 2 years, 11 months
8
☐ 3 - 5 years, 11 months
9
☐ 6 - 12 years, 11 months
0
☐ 13 - 20 years, 11 months

8. Please NUMBER in order of frequency (1 most frequent, 3 least frequent) the THREE types of referral sources from which your agency most frequently receives referrals for EACH of the following kinds of hearing testing services for children. Check only three referral sources for each kind of hearing testing service.

COL. 19 ☐ Please check here if your agency DOES NOT provide ANY hearing testing services and GO TO ITEM 19.

	COL.20-22	COL.23-25	COL.26-28	COL.29-31	COL.32-34
	HEARING TESTING SERVICES				
TYPE OF REFERRAL SOURCE	Audiometric Screening	Air and Bone Threshold (with Masking)	Special Diagnostic Tests	Hearing Aid Evaluations	Periodic Testing*
Audiologists or speech pathologists in private practice	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐
Diagnostic clinics (medical, psychological, remedial reading, etc.)	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐
Federal or state agencies	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐
Hearing aid dealers	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐
Local public school districts	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐
Medical school ear, nose, and throat departments	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐
Physicians in private practice	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐
Private elementary and/or high schools	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐
Parents	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐
Others (PLEASE SPECIFY:	0 ☐	0 ☐	0 ☐	0 ☐	0 ☐
____________	X ☐	X ☐	X ☐	X ☐	X ☐
____________)	Y ☐	Y ☐	Y ☐	Y ☐	Y ☐

*Periodic testing of KNOWN hearing impaired

9. Do you **ROUTINELY** refer hearing impaired children for an otologic evaluation?

COL. 35
1 ☐ YES
2 ☐ NO

10. If special diagnostic testing services are provided by your agency, please check ALL the tests your agency is able to provide.

COL. 36 ☐ Please check here if your agency does not provide such tests and GO TO ITEM 11.

COL. 37 ☐ Speech audiometry
COL. 38 ☐ Békésy
COL. 39 ☐ SISI
COL. 40 ☐ Loudness balance
COL. 41 ☐ PGSR
COL. 42 ☐ EEG
COL. 43 ☐ ENG

11. If your agency provides hearing aid evaluations, do you require that a child be given a hearing aid orientation?

COL. 44
8 ☐ Please check here if your agency does not provide such evaluations and GO TO ITEM 12.

9 ☐ YES (PLEASE DESCRIBE your orientation procedures)

0 ☐ YES, in selected cases (PLEASE DESCRIBE your orientation procedures)

X ☐ NO

12. If periodic testing of the **KNOWN** hearing impaired is provided by your agency, please check below how often such tests are given.

COL. 45 — 8 ☐ Check here if such tests are not provided by your agency and **GO TO ITEM 13.**

9 ☐ Semi-annually

0 ☐ Annually

X ☐ Other (SPECIFY:____

____

____)

13. Does your agency use the terms hard-of-hearing and deaf?

COL. 46
COL. 47-48 — 1 ☐ YES (PLEASE SPECIFY the dB level [ASA Standard] for speech you use to differentiate between hard-of-hearing and deaf. ____________ dB)

2 ☐ NO

14. If your agency employs criteria in addition to the degree of hearing impairment to differentiate between hard-of-hearing and deaf, please number the following differentiating factors in order of importance (1 most important, 4 least important).

COL. 49 — ☐ Check here if your agency does not employ criteria in addition to the degree of hearing impairment to differentiate between hard-of-hearing and deaf and **GO TO ITEM 15.**

COL. 50 ☐ Academic achievement

COL. 51 ☐ Communication abilities

COL. 52 ☐ Degree of hearing impairment

COL. 53 ☐ Social development

COL. 54 ☐ Other (SPECIFY:____

____

____)

15. Approximately how many children with the following degrees of hearing impairments were identified this academic (1967-68) year, or the 1967 fiscal year, by your agency? (Do not include those children who were found to have normal hearing on the threshold test, or those children whose hearing impairments were medically or surgically treatable.)

COL. 55 ☐ Please check here if you are reporting for the 1967 fiscal year.

COL. 56-58 ______________ 16 - 24 dB (ASA Standard)

COL. 59-61 ______________ 25 - 79 dB (ASA Standard)

COL. 62-64 ______________ 80 dB or more (ASA Standard)

15a. If the above information is not available, please give the approximate number of children who were identified with **PERMANENT** hearing impairments.

COL. 65-68 ______________ Number of children with **PERMANENT** hearing impairments

16. Please indicate the types of staff persons who USUALLY perform EACH of the following kinds of hearing testing services that are provided by your agency.

ARD 2

	TYPES OF STAFF PERSONS	HEARING TESTING SERVICES				
		Audiometric Screening	Air and Bone Thresholds (with Masking)	Special Diagnostic Tests	Hearing Aid Evaluations	Periodic Testing*
OL. 7-11	Audiologists (with ASHA Clinical Competence certification)	☐	☐	☐	☐	☐
OL.12-16	Audiologists (with ASHA Basic cert.)	☐	☐	☐	☐	☐
OL.17-21	Audiometrists (with State certification)	☐	☐	☐	☐	☐
OL.22-26	Speech pathologists (with ASHA Clinical Competence cert.)	☐	☐	☐	☐	☐
COL.27-31	Speech pathologists (with ASHA Basic certification)	☐	☐	☐	☐	☐
COL.32-36	Speech clinicians (with State cert.)	☐	☐	☐	☐	☐
COL.37-41	Teachers of the deaf (with CEASD cert.)	☐	☐	☐	☐	☐
COL.42-46	Teachers of the deaf (with State cert.)	☐	☐	☐	☐	☐
COL.47-51	Others (PLEASE SPECIFY:_______________	☐	☐	☐	☐	☐
COL.52-56	_______________	☐	☐	☐	☐	☐
COL.57-61	_______________)	☐	☐	☐	☐	☐

*Periodic testing of KNOWN hearing impaired

17. If your agency employs a supervisor for hearing testing services, please give 1) the type of staff person who supervises such services, and 2) the type of certification held by your supervisor.

COL.62 _______________________ Type of staff person who supervises hearing testing services

COL.63-64 _______________________ Type of certification held by your supervisor

18. About how often is the calibration of your audiometers checked with calibration test equipment? Please check ONE of the following.

COL. 65

- 1 ☐ Every month
- 2 ☐ Every two months
- 3 ☐ Every three months
- 4 ☐ Every six months
- 5 ☐ Every year
- 6 ☐ Every two years
- 7 ☐ Other (PLEASE SPECIFY:____
____
____)

18a. Have your audiometers been recalibrated for ISO?

- 1 ☐ All have been
- 2 ☐ Some have been
- 3 ☐ None have been

(If your agency provides neither special educational services nor communication skills development services for hard-of-hearing children [i.e., children with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard], please **GO TO ITEM 31**; otherwise, **GO TO ITEM 19**.)

EDUCATIONAL AND ANCILLARY SERVICES

19. How many hearing impaired children between 0 and 21 years are receiving special educational and/or communication skills development services from your agency this academic year (1967-68), or received such services in the 1967 fiscal year?

COL. 67-69 ☐ Please check here if you are reporting for the 1967 fiscal year.

____________ Number of children receiving (or received) special educational and/or communication skills development services

COL. 70-72 19a. Approximately how many of the total number of hearing impaired children (ITEM 19) for whom services are provided have hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard)?

____________ Approximate number of children with hearing levels for speech for the better ear between 25 and 79 dB (ASA Standard)

19b. If the information requested in ITEM 19a is not available, approximately how many of the hearing impaired children for whom you provide services do you consider to be hard-of-hearing?

COL. 73-74 ____________ Approximate number of hard-of-hearing children

CARD 3

20. Please NUMBER in order of frequency (1 most frequent, 3 least frequent) the THREE referral sources from which your agency receives referrals most frequently for special educational and/or communication skills development services for hard-of-hearing children (i.e., children with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard). Number ONLY three types of referral sources.

TYPES OF REFERRAL SOURCES

COL. 7-9

1 ☐ Audiologists or speech pathologists in private practice

2 ☐ Diagnostic clinics (medical, psychological, remedial reading, etc.)

3 ☐ Federal or state agencies

4 ☐ Hearing aid dealers

5 ☐ Local public school districts

6 ☐ Medical school ear, nose, and throat departments

7 ☐ Physicians in private practice

8 ☐ Private elementary and/or high schools

9 ☐ Private preschools

0 ☐ Parents

X ☐ Others (PLEASE SPECIFY: ________________________

21. If your agency requires evaluations in addition to the audiologic evaluation before hard-of-hearing children are admitted to your program, please check ALL the additional evaluations you require.

COL. 10 ☐ Check here if additional evaluations are not required by your agency and **GO TO ITEM 22.**

COL. 11 ☐ Academic (school-age children)

COL. 12 ☐ Communications skills

COL. 13 ☐ Neurologic

COL. 14 ☐ Ophthalmologic

COL. 15 ☐ Otologic

COL. 16 ☐ Pediatric

COL. 17 ☐ Psychologic

COL. 18 ☐ Others (PLEASE SPECIFY:)

21a. Can a child be excluded from your program on the basis of the results of the evaluations listed in ITEM 21?

COL. 19 1 ☐ YES (PLEASE EXPLAIN your policy regarding hard-of-hearing children who do not meet your admission requirements:)

2 ☐ NO

22. Please number the following factors in order of importance (1 most important, 5 least important) for deciding the special educational and/or communication skills development services needed by hard-of-hearing children.

COL. 20 ☐ Academic achievement

COL. 21 ☐ Communication abilities

COL. 22 ☐ Degree of hearing impairment

COL. 23 ☐ Family cooperation

COL. 24 ☐ Social development

COL. 25 ☐ Others (PLEASE SPECIFY:)

23. As a rule, who determines the kinds of programs needed by the hard-of-hearing children for whom you provide services? Please check ALL specialties involved.

COL. 26 ☐ Audiologist(s)

COL. 27 ☐ Psychologist(s)

COL. 28 ☐ Regular teacher(s)

COL. 29 ☐ Social worker(s)

COL. 30 ☐ Speech clinician(s)

COL. 31 ☐ Teacher(s) of the deaf

COL. 32 ☐ Staff person(s) from another facility (PLEASE SPECIFY:________________________________)

23a. Is the program placement for hard-of-hearing children reviewed at regular intervals?

COL. 33-34
1 ☐ YES (How often?________________________________)
2 ☐ NO

24. Please indicate the kinds of programs your agency provides for hard-of-hearing children (i.e., children with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard) by indicating the NUMBER of children served by EACH kind of program this academic year (1967-68), or the 1967 fiscal year? (Be sure the total number of children served agrees with the number of children given in ITEM 19a or ITEM 19b.)

	KINDS OF PROGRAMS	AGE RANGES			
		0 - 2*	3 - 5	6 - 13	14 - 20
COL. 35	Self-contained day classes for deaf and hard-of-hearing (1/2-day or more)	___	___	___	___
COL. 36	Self-contained day classes for the hard-of-hearing only (1/2-day or more)	___	___	___	___
COL. 37	Regular nursery school and individual or small group communication skills development services	___	___	___	___
COL. 38	Individual or small group communication skills development services (less than 1/2-day)	___	___	___	___
COL. 39	Home program: tutor or therapist goes to the home	___	___	___	___
COL. 40	Others (PLEASE SPECIFY:___ ___)	___	___	___	___

* 0 - 2: 0 years - 2 years, 11 months, etc.

25. What percent of the hard-of-hearing children who are served by your agency (ITEM 24) wear hearing aids? Please indicate the PERCENT for EACH age range.

		AGE RANGES			
		0 - 2*	3 - 5	6 - 13	14 - 21
COL. 41-52	Percent who wear hearing aids	___%	___%	___%	___%

* 0 - 2: 0 years through 2 years, 11 months, etc.

26. Are appropriate programs available from other agencies for the hard of hearing children who complete your program(s)?

COL. 53
1 ☐ YES
2 ☐ YES, for some children
3 ☐ NO (Why not?)
COL. 54

27. If your agency employs a supervisor for your educational services for hard-of-hearing children, please give 1) the type of staff persons who supervises such services, and 2) the type of certification held by your supervisor.

COL. 55 ______________Type of staff person who supervises the educational services

COL. 56-57 ______________Type of certification held by your supervisor

28. Please place a check mark in the appropriate box to indicate the ONE type of staff person who USUALLY performs EACH of the following services that are provided by your agency for hard-of-hearing children.

	KINDS OF SERVICES	TYPES OF STAFF PERSONS				SERVICE NOT PROVIDED
		Audiologist*	Speech Pathologist	Teacher of the Deaf	Other (Specify)	
COL. 58	Academic tutoring	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 59	Auditory training	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 60	Language training	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 61	Psychological counseling (child)	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 62	Psychological counseling (parent)	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 63	Regular nursery school activities	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 64	Speechreading	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 65	Speech therapy	1 ☐	2 ☐	3 ☐	4 ______	5 ☐
COL. 66	Vocational counseling	1 ☐	2 ☐	3 ☐	4 ______	5 ☐

*Individual HOLDS NATIONAL OR STATE certification in audiology or hearing, etc.

29. If your agency employs a supervisor for your communication skills development services for hard-of-hearing children, please give 1) the type of staff person who supervises such services, and 2) the type of certification held by your supervisor.

COL. 67 ______________ Type of staff person who supervises communication skills development services

COL. 68-69 ______________ Type of certification held by your supervisor

30. Do you have a contract or an agreement for the maintenance and repair of your auditory training equipment?

COL. 70 1 ☐ Check here if your agency does not have any auditory training equipment and GO TO ITEM 31.

COL. 71 8 ☐ YES (How often is it checked?______________________________)

9 ☐ NO, maintenance and repair service is provided by school

0 ☐ NO

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31. Please indicate the NUMBER of staff persons employed by your agency to provide hearing testing, special educational, and/or communication skills development services for hard-of-hearing children.

	TYPES OF STAFF PERSONS	NUMBER OF EACH TYPE OF STAFF PERSON
COL. 7-8	Audiologists (with ASHA Clinical Competence certification)	______
COL. 9-10	Audiologists (with ASHA Basic certification)	______
COL. 11-12	Audiometrists (with State certification)	______
COL. 13-14	Speech pathologists (with ASHA Clinical Competence cert.)	______
COL. 15-16	Speech clinicians (with ASHA Basic certification)	______
COL. 17-18	Speech clinicians (with State certification)	______
COL. 19-20	Teachers of the deaf (with CEASD certification)	______
COL. 21-22	Teachers of the deaf (with State certification)	______
COL. 23-24	Regular nursery school teachers (with State cert.)	______
COL. 25-26	Others (PLEASE SPECIFY:______________________________ ______________________________)	______
COL. 27-29	Total	______

32. If money were available, what priority would you give to THREE of the following? Please number according to priority using 1 to indicate the highest priority, 2 to indicate the next highest and so on.

COL. 30 ☐ Employ more teachers
COL. 31 ☐ Employ more audiologists
COL. 32 ☐ Employ more audiometrists
COL. 33 ☐ Employ more hearing clinicians
COL. 34 ☐ Employ more speech clinicians
COL. 35 ☐ Employ more supervisory personnel
COL. 36 ☐ Increase administrative staff
COL. 37 ☐ Employ (more) specialists such as psychologists, social workers, etc.
COL. 38 ☐ Raise staff salaries
COL. 39 ☐ Other (PLEASE SPECIFY:________________________________)

33. If money were available, what priority would you give to THREE of the following? Please number according to priority using 1 to indicate the highest priority, 2 to indicate the next highest and so on.

COL. 40 ☐ Expand clinical facilities
COL. 41 ☐ Improve classrooms
COL. 42 ☐ Purchase more modern portable audiometers
COL. 43 ☐ Purchase special diagnostic audiometric equipment
COL. 44 ☐ Purchase calibration equipment
COL. 45 ☐ Improve hearing screening facilities
COL. 46 ☐ Improve diagnostic testing environments
COL. 47 ☐ Purchase more auditory training equipment
COL. 48 ☐ Improve repair and maintenance equipment
COL. 49 ☐ Others (PLEASE SPECIFY:________________________________)

34. Please describe briefly the research you believe is needed in the areas of hearing testing, special educational, and/or communication skills development services for hard-of-hearing children (i.e., children with hearing levels for speech for the better ear between 25 and 79 dB--ASA Standard)

35. Please add any comment you would like to make concerning your program and/or any of the material covered in the questionnaire. Thank you for participating in the survey.

We would appreciate greatly your returning the questionnaire by May 23, 1968.